

NI BENEFITS NAVIGATOR

# The Child DLA Form Kit

ALL CONDITIONS

A free kit for the **DLA1 Child form (June 2026)** in Northern Ireland: the whole form on one page, the things parents most often miss, and a 7-day care diary organised by the form's own question numbers.

- ✓ Works for any disability or health condition: physical, sensory, learning, long-term illness, ADHD, autism
- ✓ Every question on the current form, in the form's order
- ✓ A diary that turns a normal week into the times and minutes the form asks for

**How to use it.** Read page 2 with the form beside you. Keep the diary for a typical week (not your best or worst). Use the summary page to write your answers.

# The form at a glance

| Questions       | What they cover                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 to 22</b>  | <b>About the child</b><br>Special rules, names, address, where they live, time abroad, hospital or hospice stays.                                                                            |
| <b>23 to 39</b> | <b>Health professionals, reports and school</b><br>Assessments, reports you can send, GP, other professionals, school or nursery, someone who knows the child, consent.                      |
| <b>40 to 42</b> | <b>Health condition, aids, changing needs</b><br>Every condition and when it started affecting daily life; aids and the help needed to use them; whether needs change from day to day.       |
| <b>43 to 53</b> | <b>Mobility (from age 3)</b><br>Standing and walking, distance and time, falls, guidance or supervision outdoors (from age 5), when needs started.                                           |
| <b>54 to 69</b> | <b>Care during the day</b><br>Bed, toilet, moving indoors, washing, dressing, eating, treatments, seeing, hearing, speaking, communicating, fits, supervision, development, school, hobbies. |
| <b>70</b>       | <b>Care during the night</b><br>Help after everyone in the house has gone to bed.                                                                                                            |
| <b>71 to 72</b> | <b>When care needs started; anything else</b><br>A start date (roughly is fine) and anything the boxes missed.                                                                               |
| <b>73 to 88</b> | <b>About you, payment, more information</b><br>Your details, the account to pay into, the More information box (question 88), and the declaration.                                           |

## Things parents often miss

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|                               |                                                                                                                                                                                             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Start dates</b>            | At question 40, give the date the difficulties started affecting daily life, not the date of diagnosis. List difficulties even without a diagnosis.                                         |
| <b>Aids count</b>             | At question 41, aids include things like picture cards, and the form asks what help your child needs to use them.                                                                           |
| <b>Day and night</b>          | Day is any time before the household goes to bed. Night starts when everyone in the house is in bed. A bedtime routine at 8pm is daytime help (question 54).                                |
| <b>Easy-to-skip questions</b> | Question 54 (settling in bed during the day), 56 (moving around indoors), 60 (treatments and monitoring at home), 67 (development) and 69 (hobbies and activities they would do with help). |
| <b>Behaviour</b>              | There is no separate behaviour question. Supervision because of how a child feels or behaves goes at question 66.                                                                           |
| <b>Evidence</b>               | Send copies, never originals, and no CDs or memory sticks. Evidence you are still waiting for goes in the More information box (question 88).                                               |

# Care diary · Day 1

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q     | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|-------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| 54    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| 55    | Toilet needs                                    |                             |                |                 |
| 56    | Moving around indoors, stairs, chairs           |                             |                |                 |
| 57    | Washing and bathing                             |                             |                |                 |
| 58    | Dressing and undressing                         |                             |                |                 |
| 59    | Eating and drinking                             |                             |                |                 |
| 60    | Medicines, treatments, monitoring               |                             |                |                 |
| 61–64 | Seeing, hearing, speaking, communicating        |                             |                |                 |
| 65    | Fits, blackouts, seizures                       |                             |                |                 |
| 66    | Watching over them to keep them safe            |                             |                |                 |
| 67    | Extra help with development and play            |                             |                |                 |
| 68    | Help at school or nursery (ask school)          |                             |                |                 |
| 69    | Hobbies, clubs, activities                      |                             |                |                 |
| 49–50 | Outdoors: guidance, supervision, falls          |                             |                |                 |
| 70    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

## Care diary · Day 2

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q            | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|--------------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| <b>54</b>    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| <b>55</b>    | Toilet needs                                    |                             |                |                 |
| <b>56</b>    | Moving around indoors, stairs, chairs           |                             |                |                 |
| <b>57</b>    | Washing and bathing                             |                             |                |                 |
| <b>58</b>    | Dressing and undressing                         |                             |                |                 |
| <b>59</b>    | Eating and drinking                             |                             |                |                 |
| <b>60</b>    | Medicines, treatments, monitoring               |                             |                |                 |
| <b>61–64</b> | Seeing, hearing, speaking, communicating        |                             |                |                 |
| <b>65</b>    | Fits, blackouts, seizures                       |                             |                |                 |
| <b>66</b>    | Watching over them to keep them safe            |                             |                |                 |
| <b>67</b>    | Extra help with development and play            |                             |                |                 |
| <b>68</b>    | Help at school or nursery (ask school)          |                             |                |                 |
| <b>69</b>    | Hobbies, clubs, activities                      |                             |                |                 |
| <b>49–50</b> | Outdoors: guidance, supervision, falls          |                             |                |                 |
| <b>70</b>    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

## Care diary · Day 3

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q            | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|--------------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| <b>54</b>    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| <b>55</b>    | Toilet needs                                    |                             |                |                 |
| <b>56</b>    | Moving around indoors, stairs, chairs           |                             |                |                 |
| <b>57</b>    | Washing and bathing                             |                             |                |                 |
| <b>58</b>    | Dressing and undressing                         |                             |                |                 |
| <b>59</b>    | Eating and drinking                             |                             |                |                 |
| <b>60</b>    | Medicines, treatments, monitoring               |                             |                |                 |
| <b>61–64</b> | Seeing, hearing, speaking, communicating        |                             |                |                 |
| <b>65</b>    | Fits, blackouts, seizures                       |                             |                |                 |
| <b>66</b>    | Watching over them to keep them safe            |                             |                |                 |
| <b>67</b>    | Extra help with development and play            |                             |                |                 |
| <b>68</b>    | Help at school or nursery (ask school)          |                             |                |                 |
| <b>69</b>    | Hobbies, clubs, activities                      |                             |                |                 |
| <b>49–50</b> | Outdoors: guidance, supervision, falls          |                             |                |                 |
| <b>70</b>    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

## Care diary · Day 4

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q            | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|--------------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| <b>54</b>    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| <b>55</b>    | Toilet needs                                    |                             |                |                 |
| <b>56</b>    | Moving around indoors, stairs, chairs           |                             |                |                 |
| <b>57</b>    | Washing and bathing                             |                             |                |                 |
| <b>58</b>    | Dressing and undressing                         |                             |                |                 |
| <b>59</b>    | Eating and drinking                             |                             |                |                 |
| <b>60</b>    | Medicines, treatments, monitoring               |                             |                |                 |
| <b>61–64</b> | Seeing, hearing, speaking, communicating        |                             |                |                 |
| <b>65</b>    | Fits, blackouts, seizures                       |                             |                |                 |
| <b>66</b>    | Watching over them to keep them safe            |                             |                |                 |
| <b>67</b>    | Extra help with development and play            |                             |                |                 |
| <b>68</b>    | Help at school or nursery (ask school)          |                             |                |                 |
| <b>69</b>    | Hobbies, clubs, activities                      |                             |                |                 |
| <b>49–50</b> | Outdoors: guidance, supervision, falls          |                             |                |                 |
| <b>70</b>    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

## Care diary · Day 5

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q            | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|--------------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| <b>54</b>    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| <b>55</b>    | Toilet needs                                    |                             |                |                 |
| <b>56</b>    | Moving around indoors, stairs, chairs           |                             |                |                 |
| <b>57</b>    | Washing and bathing                             |                             |                |                 |
| <b>58</b>    | Dressing and undressing                         |                             |                |                 |
| <b>59</b>    | Eating and drinking                             |                             |                |                 |
| <b>60</b>    | Medicines, treatments, monitoring               |                             |                |                 |
| <b>61–64</b> | Seeing, hearing, speaking, communicating        |                             |                |                 |
| <b>65</b>    | Fits, blackouts, seizures                       |                             |                |                 |
| <b>66</b>    | Watching over them to keep them safe            |                             |                |                 |
| <b>67</b>    | Extra help with development and play            |                             |                |                 |
| <b>68</b>    | Help at school or nursery (ask school)          |                             |                |                 |
| <b>69</b>    | Hobbies, clubs, activities                      |                             |                |                 |
| <b>49–50</b> | Outdoors: guidance, supervision, falls          |                             |                |                 |
| <b>70</b>    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

## Care diary · Day 6

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q            | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|--------------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| <b>54</b>    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| <b>55</b>    | Toilet needs                                    |                             |                |                 |
| <b>56</b>    | Moving around indoors, stairs, chairs           |                             |                |                 |
| <b>57</b>    | Washing and bathing                             |                             |                |                 |
| <b>58</b>    | Dressing and undressing                         |                             |                |                 |
| <b>59</b>    | Eating and drinking                             |                             |                |                 |
| <b>60</b>    | Medicines, treatments, monitoring               |                             |                |                 |
| <b>61–64</b> | Seeing, hearing, speaking, communicating        |                             |                |                 |
| <b>65</b>    | Fits, blackouts, seizures                       |                             |                |                 |
| <b>66</b>    | Watching over them to keep them safe            |                             |                |                 |
| <b>67</b>    | Extra help with development and play            |                             |                |                 |
| <b>68</b>    | Help at school or nursery (ask school)          |                             |                |                 |
| <b>69</b>    | Hobbies, clubs, activities                      |                             |                |                 |
| <b>49–50</b> | Outdoors: guidance, supervision, falls          |                             |                |                 |
| <b>70</b>    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

# Care diary · Day 7

Date: \_\_\_\_\_ Household bedtime tonight: \_\_\_\_\_ (help after this time goes in the Night row)

| Q            | What the form asks about                        | What help you gave, and why | How many times | Minutes (total) |
|--------------|-------------------------------------------------|-----------------------------|----------------|-----------------|
| <b>54</b>    | Getting in, out of or settling in bed (daytime) |                             |                |                 |
| <b>55</b>    | Toilet needs                                    |                             |                |                 |
| <b>56</b>    | Moving around indoors, stairs, chairs           |                             |                |                 |
| <b>57</b>    | Washing and bathing                             |                             |                |                 |
| <b>58</b>    | Dressing and undressing                         |                             |                |                 |
| <b>59</b>    | Eating and drinking                             |                             |                |                 |
| <b>60</b>    | Medicines, treatments, monitoring               |                             |                |                 |
| <b>61–64</b> | Seeing, hearing, speaking, communicating        |                             |                |                 |
| <b>65</b>    | Fits, blackouts, seizures                       |                             |                |                 |
| <b>66</b>    | Watching over them to keep them safe            |                             |                |                 |
| <b>67</b>    | Extra help with development and play            |                             |                |                 |
| <b>68</b>    | Help at school or nursery (ask school)          |                             |                |                 |
| <b>69</b>    | Hobbies, clubs, activities                      |                             |                |                 |
| <b>49–50</b> | Outdoors: guidance, supervision, falls          |                             |                |                 |
| <b>70</b>    | Night: help after everyone is in bed            |                             |                |                 |

Write what you actually did: prompting, supervising, physically helping, calming, checking. Leave a row blank if no extra help was needed.

## Weekly summary • ready for the form

Add up each row across the 7 days. Divide by 7 for a typical day. Then describe it in your own words on the form: what help, how often, how long, and why.

| Q     | What the form asks about                        | Times in the week | Minutes in the week | Typical day (÷ 7) |
|-------|-------------------------------------------------|-------------------|---------------------|-------------------|
| 54    | Getting in, out of or settling in bed (daytime) |                   |                     |                   |
| 55    | Toilet needs                                    |                   |                     |                   |
| 56    | Moving around indoors, stairs, chairs           |                   |                     |                   |
| 57    | Washing and bathing                             |                   |                     |                   |
| 58    | Dressing and undressing                         |                   |                     |                   |
| 59    | Eating and drinking                             |                   |                     |                   |
| 60    | Medicines, treatments, monitoring               |                   |                     |                   |
| 61–64 | Seeing, hearing, speaking, communicating        |                   |                     |                   |
| 65    | Fits, blackouts, seizures                       |                   |                     |                   |
| 66    | Watching over them to keep them safe            |                   |                     |                   |
| 67    | Extra help with development and play            |                   |                     |                   |
| 68    | Help at school or nursery (ask school)          |                   |                     |                   |
| 69    | Hobbies, clubs, activities                      |                   |                     |                   |
| 49–50 | Outdoors: guidance, supervision, falls          |                   |                     |                   |
| 70    | Night: help after everyone is in bed            |                   |                     |                   |

**Keep it honest.** Describe a typical week in your own words. Never exaggerate: a clear, true picture is what helps a decision-maker understand your child.

**Want worked examples for every question?** The full Child DLA Answer Bank covers every question on the DLA1 Child form (June 2026) with strong and weak example answers for all conditions: [nibenefitsnavigator.com/child-dla-landing.html](https://nibenefitsnavigator.com/child-dla-landing.html)