**[Your Full Name]**

**[Your DOB]**

**[Your Address]**

**[Name of your Social Worker]**

**[Date]**

**FORMAL REQUEST FOR A PARENT CARER’S NEEDS ASSESSMENT (S.17ZD CHILDREN ACT 1989)**

Dear Sir/Madam, **[Or Name if Known]**

I am writing to you to request an assessment of my support needs as the parent carer of a disabled child with care needs (as per s.17(10) of the Children’s Act 1989). The child concerned is:

NAME:

ADDRESS:

D.O.B:

REF:

The child lives with **[his / her]** parent carer(s) **[Name(s) of person(s) with parental responsibility]** and other family members **[Name(s) of person(s) living in the same address]**.

**[Child’s name]** has care needs because **[Basic details of child’s disability]** and as a consequence, **[he/she]** needs support achieving and maintaining **[his / her]** health and development.

**[Name(s) of person(s) with parental responsibility]** are providing for **[Name of child]** current needs and require your assistance to continue doing so. This is because providing for **[Name of child]**’s needs is impacting on **[Name(s) of person(s) with parental responsibility]** wellbeing in such a way that **[his / her / their] [health / participation in society]** has been negatively affected.

**What Should Happen Next**

I therefore ask that we arrange an assessment of the parent carer’s support needs. You may wish to arrange a home visit to conduct the face-to-face reassessment. **[If a face-to-face reassessment is deemed impractical, I also consent to a remote reassessment.]**

If I can be of any further assistance with this, please do get in contact with me. My contact details are provided at the top of this letter should you need to contact me or to acknowledge receipt of this letter.

I have written this letter using a guide that has been provided by the Disability Law Service.

I look forward to hearing from you shortly.

Yours sincerely,

**[Full Name]**

**[Your Signature]**