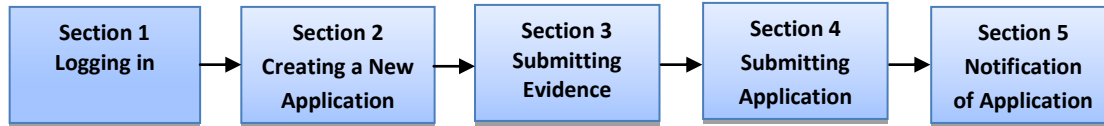




REFERENCE GUIDE:

Completing a DAF Application




SECTION 1 – LOGGING IN

Using the Web Address provided in your email.

https://emsonline.leics.gov.uk/ProviderPortal_LIVE/Account/Account/Login

Select the address or copy and paste into your Internet Browser address bar.

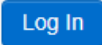
Login to **Provider Portal** by completing the user name and password fields on the login box; then click  button.

Note: If you have logged in previously and cannot remember either your Username or Password you can select the links below the Login button and follow the instructions.

Log In

Username

Password



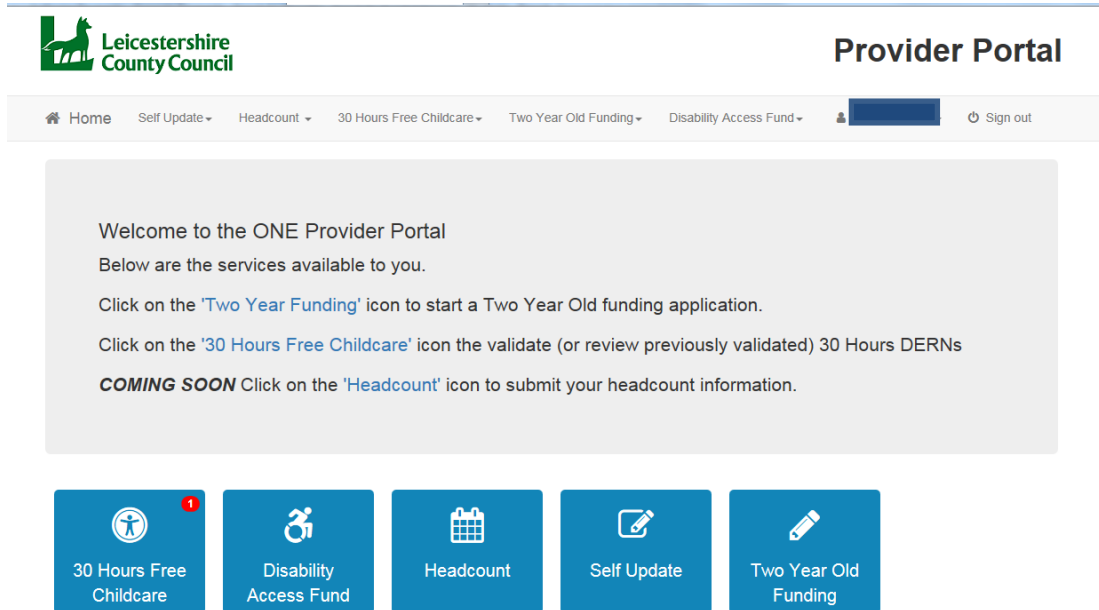
[Forgotten your username?](#)
[Forgotten your password?](#)


Please note - If you are associated with more than one provider, you will need to select the required provider from the drop down list and select the radio button for the required service

SECTION 2 – Creating a New Application

Please note - Providers need to claim by headcount deadline to ensure payment is made in that term with the final payment.

The image below shows the home page





To create a DAF application, select  to continue

Please note - If you are associated with more than one provider, you will need to select the required provider from the drop down list and select the radio button for the required service

Click the **Create new Disability Access Funding Application** button



Provider Portal

[Home](#) [Self Update](#) [Headcount](#) [30 Hours Free Childcare](#) [Two Year Old Funding](#) [Disability Access Fund](#)   Sign out

Welcome to the Provider Disability Access Fund Home Portal

Below, you will see the services available to you.

Disability Access Funding Actions



Create new Disability Access Funding Application

My messages



Application for Disability Access Funding for a 3 year old child - reference DAF-1801-DWVNB9F7

25/01/2018

This is to notify you that your application for Disability Access Funding for Daffy Application h...

[View all messages](#)

Disability Access Funding Application

Select a child from the list to continue with the application

Find a Child

	Forename	Surname	Date of Birth	Age Eligibility	DAF Approved Date
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	Yes	
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	Yes	25/01/2018
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	Yes	
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	Yes	
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	Yes	
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	Yes	
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	No	

Cancel

Add Child

Continue

Select a child and click the

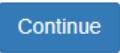
Continue

button or alternatively , If the required child is not listed, they can be added by clicking the

Add Child

button

Adding a child

Please complete all fields with the child's details and click the  button



Provider Portal

[Home](#) [Self Update](#) [Headcount](#) [30 Hours Free Childcare](#) [Two Year Old Funding](#) [Disability Access Fund](#) [Sign out](#)

Add Child

To progress this application, enter the details of the child below

Forename *

Surname *

Gender * Male
 Female

Date of birth (dd/mm/yyyy) *

Ethnicity *

First Language *

Postcode *

[Find Address](#) [I don't have a Postcode](#)

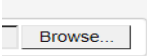
* Required field

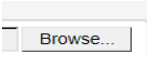
[Cancel](#)

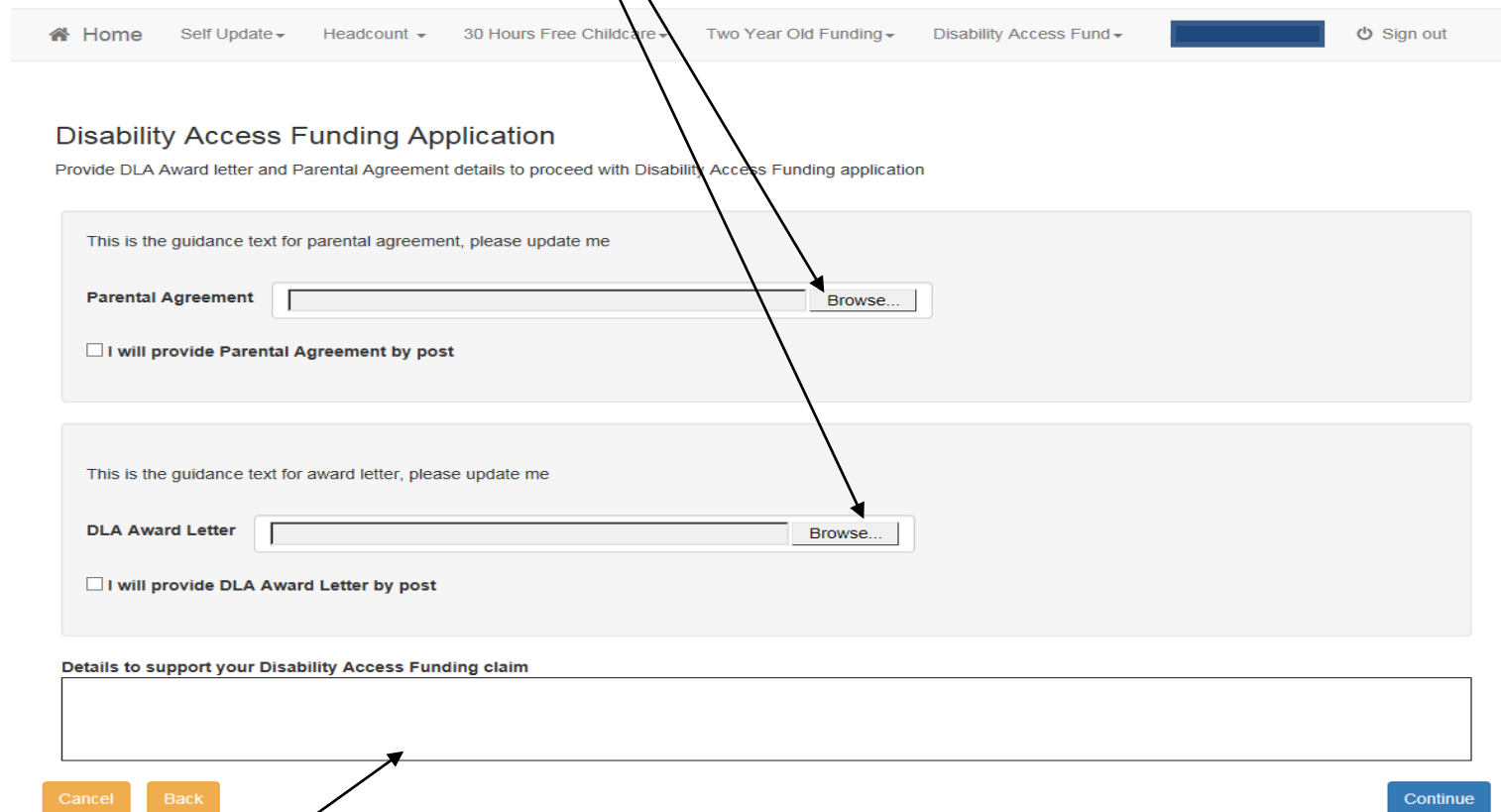
[Back](#)

[Continue](#)

SECTION 3 – Attaching evidence

Click the  button to attach the Parental Statement of Understaking (PSOU), alternatively, select the check box to provide the PSOU by post

Click the  button to attach the DLA Award letter, alternatively, select the check box to provide the DLA award letter by post. (Please note we require the 1st page of the DLA letter stating the childs name).



The screenshot shows a web application interface for a Disability Access Funding application. At the top is a navigation bar with links for Home, Self Update, Headcount, 30 Hours Free Childcare, Two Year Old Funding, Disability Access Fund, and Sign out. The main heading is "Disability Access Funding Application" with a sub-heading "Provide DLA Award letter and Parental Agreement details to proceed with Disability Access Funding application".


There are two main sections for document uploads:

- Parental Agreement:** Includes a text area for guidance, a "Browse..." button, and a checkbox labeled "I will provide Parental Agreement by post".
- DLA Award Letter:** Includes a text area for guidance, a "Browse..." button, and a checkbox labeled "I will provide DLA Award Letter by post".

Below these sections is a large text area labeled "Details to support your Disability Access Funding claim". At the bottom of the form are three buttons: "Cancel", "Back", and "Continue".

Arrows from the text above point to the "Browse..." buttons for both the Parental Agreement and the DLA Award Letter, and to the "Details to support your Disability Access Funding claim" text area.

Enter text to support the application in the **Details to support your disability Access Funding claim** box.

Click the  button



SECTION 4 - Submitting Application

Select the 'All the DAF details provided by me are correct' check box.

Click the  button






Provider Portal

[Home](#) [Self Update](#) [Headcount](#) [50 Hours Free Childcare](#) [Two Year Old Funding](#) [Disability Access Fund](#)   [Sign out](#)

Disability Access Funding Application

Below is the summary of Disability Application Funding application

Child Details

Name 
Gender Male
Date of Birth 
Address 
Ethnicity AAFR - African Asian
First Language Acholi

Application Details

Provider 
Service Name 
Parental Agreement by Post Yes
DLA Award Letter [DAF Confirmation.pdf](#)
Details to support your Disability Access Funding claim please find attached my evidence

All the DAF details provided by me are correct

[Cancel](#)

[Back](#)

[Submit](#)

Application submitted

Your application for [REDACTED] has been submitted. You will be notified of the result of your claim by a message to your provider portal account.


Application reference number for your information:

DAF-1802-R8Z49IF2

The application reference above will help us with enquiries - please store it somewhere safe. If you have any further enquiries about your application or would like to take any further action please contact us at [REDACTED]

Finish



Click the  button.

SECTION 5 – Notification of Application

To view your messages select the  button on the homepage

To view the message click onto the message



Provider Portal

[Home](#) [Self Update](#) [Headcount](#) [30 Hours Free Childcare](#) [Two Year Old Funding](#) [Disability Access Fund](#) [Sign out](#)

Welcome to the Provider Disability Access Fund Home Portal

Below, you will see the services available to you.

Disability Access Funding Actions



Create new Disability Access Funding Application

My messages



Application for Disability Access Funding for a 3 year old child - reference DAF-1801-DWVNB9F7 25/01/2018
This is to notify you that your application for Disability Access Funding for [redacted].

[View all messages](#)

A successful application will display the following message



Provider Portal

[Home](#) [Self Update](#) [Headcount](#) [30 Hours Free Childcare](#) [Two Year Old Funding](#) [Disability Access Fund](#) [\[Redacted\]](#) [Sign out](#)

My messages

[Back](#)

[Delete](#)

Application for Disability Access Funding for a 3 year old child - reference DAF-1801-DWVNB9F7

25/01/2018 07:30

This is to notify you that your application for Disability Access Funding for [Redacted] application has been approved. Payment of 615 will be paid to you via the normal means of payment.

You will not be able to make a further claim for Disability Access Funding for this child until 12 months from the date of your application.

Please retain this message for future reference and quote reference number DAF-1801-DWVNB9F7 in all correspondence.

If you have any questions regarding this application, please contact us on [Redacted]

Regards

DAF Team, This LA

[Visit our website](#)

A unsuccessful application will display the following message



Provider Portal

[Home](#) [Self Update](#) [Headcount](#) [30 Hours Free Childcare](#) [Two Year Old Funding](#) [Disability Access Fund](#) [Sign out](#)

My messages

[Back](#)

[Delete](#)

Application for Disability Access Funding for a 3 year old child - reference DAF-1802-R8Z49IF2

06/02/2018 11:00

This is to notify you that your application for Disability Access Funding for [REDACTED] has been unsuccessful.

The conditions for making a claim for Disability Access Funding are that: an agreement to claim DAF must have been obtained from the parent/guardian of the child; and the child must be in receipt of Disability Living Allowance. Additionally, only one claim can be made for a child within a 12 month period.

The Authority needs to be satisfied that all of these conditions have been met in order to approve a DAF claim.

In this case, the Authority has been unable to confirm that all of the above conditions have been met and has, therefore, rejected the claim.

If the circumstances surrounding this claim change, or you have received further evidence that shows that all of the conditions have been met, then please submit a fresh claim. evidence incorrect

If you have any questions regarding this application, please contact us on [REDACTED]

Regards

DAF Team, This LA

[Visit our website](#)

For further information regarding DAF, please visit our website <https://resources.leicestershire.gov.uk/daf>