



## Welfare Grant Application Form

PLEASE READ THE FOLLOWING GUIDANCE NOTES BEFORE COMPLETING THIS APPLICATION FORM

### Guidance Notes

#### **What is Family Action's Welfare Grants Programme?**

Family Action's Welfare Grants Programme assists families and individuals in need, particularly those with low incomes and those living on benefits.

As well as distributing Family Action funds, we also administer funds on behalf of other organisations. The questions in this application form cover the eligibility criteria for all of these funds.

#### **Who is eligible to apply for funding?**

Grants are available to people from across the UK. To be eligible for a Family Action Welfare Grant, you must fall into one of the following priority groups:

- **Mental Health**  
Adults (over the age of 18) with a clinical diagnosis of a mental health problem.  
Parents and expectant parents (over the age of 18) with a drug or alcohol problem.
- **Domestic Abuse**  
Grants to families or individuals in the first 6 months of fleeing the family home and/or the first 6 months after moving into a new home.
- **Older People**  
Support to promote independence, improve the quality of life and reduce isolation for those aged 60 and over.
- **Young People (aged 19 to 25)**  
Grants to support young people living alone.
- **Sickness/Disability**  
Grants to pay for treatment or disability aids.

We cannot make grants to applicants who have received a Family Action Welfare Grant or Greater London Women's Holiday Grant within the previous 12 months.

Before submitting a grant application we expect applicants to have applied for all benefits and/or tax credits for which they are eligible. We recommend that applicants seek the help of an advice agency, e.g. a Citizens Advice Bureau.

#### **Which items can be funded?**

Family Action's Welfare Grants are available for clothing and general household needs such as beds, cookers and utility bills. We can, however, help with more varied needs such as communication aids and medical adaptations.

## Which items cannot be funded?

Grants are not available for: council tax arrears; debts (except utility bills); fines; funeral expenses (including associated expenses, such as headstones); gifts (such as toys for birthdays, Christmas or other festivals); items already covered by statutory funding; rent arrears; rent deposits; rent payments; repayment of Social Fund or other loans; bankruptcy; items already purchased; holidays; and daily living expenses.

## How much money can I apply for?

There is no standard grant size, however, in general grants are made for £100 to £300.

## How do I complete the application form?

Please take note of the following instructions when completing the application form:

- This form is for Family Action's Welfare Grants Programme only. To find out about our other funding programmes please see Family Action's website at **[www.family-action.org.uk/grants](http://www.family-action.org.uk/grants)**
- Ensure that you have downloaded the most recent version of the application form from the Family Action website at **[www.family-action.org.uk/welfaregrants](http://www.family-action.org.uk/welfaregrants)**. **Applications on out-of-date forms will NOT be considered.**
- Applications must be checked, signed and submitted by a referring agency (e.g. a social work team or tenancy support scheme), the agency worker should know the applicant in a professional capacity. The application form may be completed by the applicant or a professional supporting the applicant.
- Answer ALL the questions on the form and enclose ALL the supporting documents requested. **Incomplete applications will NOT be considered.**
- Once completed, keep a copy of the form and supporting documents, and send the originals to the address at the end of this form.

## What do I need to include with the application form?

To be considered, applications MUST include:

- A signed supporting statement from the referring agency on agency letterhead. The statement should:
  - demonstrate how the applicant meets Family Action's priorities;
  - explain how a small grant would make a difference to the life of the applicant;
  - outline the applicant's domestic circumstances;
  - detail any family and/or professional involvement and support;
  - provide any other information that is relevant to the application.

Please note that it is crucial that each of the above points is addressed. The more information provided in the supporting statement, the better the Grants Panel can understand the applicant's situation when deciding how to allocate funds.

- Applications under the Mental Health and Sickness/Disability priority groups must be made by a relevant professional agency OR include a letter from a health professional on their agency letterhead confirming the applicant's condition.
- Applications for grants towards utility bills/phone bills/repairs MUST include a copy of the bill or repairs estimate.

**If we do not receive ALL of these supporting documents, the application will NOT be considered.**

### **What happens next?**

Eligible, complete application forms will be considered by our Grants Panel. In general, the referring agency will hear about the outcome of an application in writing within 4-6 weeks of our receiving an application form. Please note that we do not acknowledge receipt of grant application forms.

### **How can I get help with completing the application form?**

If you have any queries please call the Grants Service on 020 7241 7459 between 2pm and 4pm on **Tuesdays, Wednesdays or Thursdays only**.

### **When can I submit a grant application?**

During 2010 we will accept grant applications at the following times:

- 1-31 March 2010
- 1-30 June 2010
- 1-30 September 2010

Unfortunately we are unable to accept welfare grant applications outside these dates. No exceptions can be made. Welfare grant applications received outside these dates will be returned to referral agencies. We will continue to accept Women's Holiday Fund and educational grant applications at any time.

<b>Form Version</b>	March 2010	
<b>For office use only</b>		
Client ID		Date of last grant:
Code	ICW	



## Welfare Grant Application Form

This form should be completed by the applicant or by another person on the applicant's behalf.

Please type or write clearly. If for any reason a question is not applicable please write 'N/A' and state the reason. **Incomplete forms will NOT be considered.**

### 1. Your personal details

Title: Mr  Ms  Mrs  Miss  Other (please specify) .....

Forename..... Surname.....

Address.....

..... Postcode.....

Telephone number ..... Gender..... Date of birth ..... Age .....

Country of birth:..... Nationality .....

Residency status: UK National  EU National  Asylum Seeker

Full Refugee Status  Indefinite Leave to Remain

Exceptional Leave to Remain/Humanitarian Protection/Discretionary Leave

Appealing Home Office Decision  Other (please specify) .....

Where the applicant has Exceptional Leave to Remain/Humanitarian Protection/Discretionary Leave, what is the expiry date? .....

If appealing a Home Office Decision, please provide details including relevant dates:

.....

What are/were the main trades or professions of the applicant's parent(s)? .....

.....

### 2. Priority group

Please indicate which ONE priority group the applicant best fits.

Mental Health  Domestic Abuse  Older People  Young People  Sickness/Disability

Please provide details of any mental health issue, physical disability or sickness:

.....

For *Mental Health*, please tell us the date of the mental health diagnosis .....

For *Domestic Abuse*:

A. When did the applicant leave the family home? .....

B. (where applicable) When did the applicant move into their new home? .....

**3. Household details**

Family Status (e.g. couple, couple with children, lone parent, single, widow) .....  
Accommodation: Council tenant  Owner occupier  Housing association   
Private rented  Part owner/shared ownership  Refuge/Hostel   
Other (please specify) .....  
Religion ..... Occupation .....

**4. Details of household members** (Please continue on a separate sheet of paper if necessary)

Relationship	Age	Illness/disability	In employment/education/unemployed/ retired/pre-school
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**5. Details of grant request** (Grants are usually made for £100-£300)

What is the grant required for? .....  
.....  
Total cost of item(s) £..... Contribution requested from Family Action £.....

**6. Other funding applications** (Please continue on a separate sheet of paper if necessary)

Have applications been made to other charitable funders for this need? Yes  No   
If Yes, please provide details below: (continue on separate sheet of paper if necessary)  

Funder	Sum requested	Received decision?	Outcome	Sum received
.....	£.....	.....	.....	£.....
.....	£.....	.....	.....	£.....

Have you received a Family Action Welfare Grant within the last 12 months? Yes  No

**7. Social Fund**

Has an application been made to the Social Fund for this need? No  Yes   
If NO, please explain why not: .....  
.....  
If YES, was the application successful? Yes  No  Awaiting outcome   
If successful, how much was received? £..... Which of the following was received?  
Community Care Grant  Crisis Loan  Budgeting Loan  Surestart Maternity Grant   
If unsuccessful, what reason was given by the Social Fund? .....  
.....

**8. Financial details**

In this section, please give details of your **WEEKLY** household income:

Your take-home pay	£ .....
Partner's take-home pay	£.....
Contributions from others living with you	£.....
Jobseekers' Allowance/Income Support (after deductions)	£ .....
Incapacity Benefit/SSP/Employment Support Allowance	£ .....
Disability Living Allowance	£ .....
Housing Benefit/Council Tax Benefit	£ .....
Child Tax Credit	£ .....
Child Benefit	£ .....
Child Maintenance Payments	£.....
Working Tax Credit	£ .....
Pension Credit	£ .....
State Pension	£.....
Works Pension	£.....
NASS Support	£ .....
Attendance Allowance	£ .....
Guardian's/Carer's Allowance	£ .....
Other (please specify)	£ .....
<b>TOTAL</b>	<b>£ .....</b>

Are there any direct deductions from your benefits? Yes  No

If yes, please give details .....

.....

.....

Please give details of any savings .....

.....

**9. Expenditure**

Please provide details of your **WEEKLY** expenditure.

<b>Item</b>	<b>Expenditure</b>
Rent/mortgages (after benefits)	£.....
Council Tax (after benefits)	£.....
Gas	£.....
Electricity	£.....
Other fuel (e.g. coal, oil)	£.....
Water Rates	£.....
Life/building/contents insurance	£.....
Telephone	£.....
Television/satellite	£.....
TV licence	£.....
Car costs (fuel/tax/loans)	£.....
Other travel costs (bus/train)	£.....
Work expenses (not including travel)	£.....
Food and housekeeping	£.....
Laundry	£.....
Household repairs and maintenance	£.....
Childcare costs	£.....
School meals	£.....
Care costs	£.....
Home help costs	£.....
HP/Clubs	£.....
Debts*	£.....
Contribution to household expenditure (not included above)	£.....
Other (please specify)	£.....
<b>TOTAL</b>	<b>£.....</b>

\* Please give details of any debts (including repayment schedule) .....

.....

**10. Referring agency details**

Please write the name and job title of the agency contact, followed by the agency name and FULL ADDRESS clearly in the box below. If we need to return the application form, this is used in a window envelope.

Mr/Ms/Miss/Mrs

Telephone number: .....

Email address: .....

**11. Cheque payee**

**IMPORTANT:** Cheques are **NEVER** made payable to individuals. All payments **MUST** be processed via the referring agency and will only be made payable to the referring agency account or to a service provider such as a telephone company or utilities provider. Cheques will be sent to the named worker at the address provided in Section 10 of this Grant Application Form. **Please note that we cannot issue multiple cheques; we can only issue a single cheque to one organisation.**

Cheques made payable to:

.....

**12. Authorisation**

**IMPORTANT: Incomplete and unsigned application forms will NOT be considered.**

Was this form completed by the applicant? Yes  No

If 'no' please provide the name and job title of the person who completed the form:

.....

**In signing this form, each signatory confirms that the information on this form is correct to the best of their knowledge and belief.**

**Data Protection:** The information you provide in this application form will be held and processed in accordance with the Data Protection Act 1998 and will be used by Family Action and its agents to enable Family Action to carry out grant processing, analysis, auditing, accounting and evaluation. The information on this form may be used as a case study for use on our website, in publicity and reports; personal details will be changed to ensure anonymity. We may need to discuss the information on this form with other agencies and organisations. However we need your consent to do this.

**By completing this form you are consenting to Family Action recording and sharing relevant personal information about you/the applicant.**

Signature of applicant

Date

.....

.....

Signature of referring worker

Date

.....

.....

**13. Before sending your application**

**IMPORTANT: Incomplete and unsigned application forms will NOT be considered.**

Tick the boxes below to confirm that the following actions have been completed:

- ALL the questions on the application form have been fully answered.
- The grant request is within our average grant range (£100-£300).
- The referring agency has checked the form and supporting documents.
- All required signatures have been provided.
- A signed supporting statement has been attached.
- (If Mental Health or Sickness/Disability priority group) Either the application has been made by a relevant professional agency OR there is attached a letter from a health professional on their agency letterhead confirming the applicant's condition.
- (If necessary) A copy of a utility bill/phone bill/estimates for repairs has been attached.
- The form and supporting documents have been photocopied and retained by the referring agency.

Please send the completed application form and supporting documents to:

**Grants Service  
Family Action  
501-505 Kingsland Road  
London  
E8 4AU**

**For office use only**

Trust Recommended .....

Date of meeting .....

Panel decision

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