



Family Fund

Helping disabled children

FF No. Office use only

E N S W / F S

HI FFAppFormV2-1020

Application Form

The information you provide to us on this form and throughout the application process will help us understand how we can best help and support your family with grants, advice and other support. Please complete the form as **fully** as possible.

About you

To help us with your application please fill in this form using **BLOCK** capitals and black or blue pen.



This section is about the person who is the main carer, holds parental responsibility and who the child/young person lives with.

If you have applied before, do you know your Family Fund number?

Title Mr Mrs Miss Ms (please tick) Other

First name(s)

Surname

Your date of birth

Address

Postcode

Home phone number

Mobile phone number

Email address

What is your preferred method of contact? By email By letter By mobile (please tick)

Your relationship to the child or children you are applying for

Mother Stepmother Grandmother

Father Stepfather Grandfather

Other (please give details)

I am a young person applying on my own behalf.

Number of children aged 17 and under living in the household

Age(s)

How did you hear about Family Fund? (please tick)

- Friends/Family Hospital/Doctors surgery Online/search engine Other Charity
 Show/Event Other (please give details) _____

Your partner



By your partner, we mean the person who lives with you (the main carer), for example, husband, wife, civil partner, boyfriend, girlfriend.

Title Mr Mrs Miss Ms (please tick) Other _____

First name(s) _____

Surname _____

Your partner's date of birth dd / mm / yyyy _____

Your partner's relationship to the child or children you are applying for

- Mother Stepmother Grandmother
 Father Stepfather Grandfather
 Other (please give details) _____

By completing this section and signing the application you are confirming that you have informed, and have permission from household members to pass their information to Family Fund in respect of this application. You also confirm that you have made them aware of the Terms and Conditions of the application, and that should they wish to know more about how their information is used and shared, as well as details of their rights, these can be found in the Data Protection Statement included with the form or which can be read in the "Apply for a Grant" section of the website www.familyfund.org.uk

Your household income



We need to know about the money coming into your home. You must send us photocopies of one of the benefits or tax credits listed below. This should be a photocopy of your most recent award letter dated within the last 12 months. If you are confirming with bank statements they must be less than three months old.

This section **MUST** be completed.

Do you or your partner receive any of the following tax credits or benefits?

- Universal Credit Working Tax Credits
 Child Tax Credits Income Support
 Income based Jobseeker's Allowance Incapacity Benefit*
 Employment Support Allowance* Pension Credit
 Housing Benefit * We may need to contact you for more information.

Only send photocopies as we cannot post them back.

Please tick here if you **do not** receive any of the above. We will contact you for more information about your household income.

Please tick any current treatment or therapy your child is receiving.	How often
<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> Occupational therapy	
<input type="checkbox"/> Speech/language therapy	
<input type="checkbox"/> Psychologist/Psychiatrist	
<input type="checkbox"/> CAMHS	
<input type="checkbox"/> Audiology/Ophthalmology	
<input type="checkbox"/> Chemotherapy/Radiotherapy	
<input type="checkbox"/> Paediatrician/Consultant	
<input type="checkbox"/> None of the above apply	
<input type="checkbox"/> Other	

Equipment used

Wheelchair
 Walking frame
 Oxygen
 Hearing aid(s)
 Cochlear implant

Other: _____

Does your child receive respite or short break provision? Yes No

Behaviours at home, school and out and about

Tell us how your child's condition impacts on them.

Would your child need support to take part in social and leisure activities? Yes No

(please give details) _____

Nursery, school or college

- Is your child given additional support in Nursery/School or College? Yes No
- If yes, how many hours per week? _____ Is this: 1:1 support Small group
- Is escorted transport to school provided by the education authority or equivalent? Yes No

Please tick any of the following that currently apply.

- Statement (SEN)/Co-ordinated Support Plan (CSP)/ Education, Health and Care Plan (EHC) made
When: _____
- Individual Education Plan (IEP) made
When: _____
- Educational Plan/Additional Support Plan (Scotland only)
When: _____

Please tick any of the following that currently apply.

- Awaiting assessment for additional support needs Home Visiting Support Teacher
- Attends Pupil Referral Unit Attends mainstream school or college
- At a Special unit At Residential school or college
- At a Special school or college Not at nursery, school or college
– give details below
- They have Portage

Please give details: _____

Communication Please give details about any difficulties your child has with communication.

Who can we speak to?



We will need the name of your family's Social Worker, Key Worker/Lead professional, Health Visitor, Teacher or similar who knows your child well (not your GP) and who we can contact for more information.

Name	<input type="text"/>
Job title	<input type="text"/>
Work Address	<input type="text"/>
	Postcode <input type="text"/>
Work phone /Mobile	<input type="text"/>
Email address	<input type="text"/>

Your grant



We need to know what help you would like us to consider, who it is for, and how it relates to the needs or wellbeing of your child or young person. The majority of our grants are awarded using our contracted suppliers.

We need...

For who...

Why do you need this? What would be the benefit to you and your family?

--	--	--



We may need to contact you for further information on your grant request.

We are not able to help with grants towards things like:

- Adaptations or alterations to the home
- Building works
- Medical treatment/therapies
- Medical equipment
- Household bills or debts
- Spending money
- Childcare
- Purchase of a car
- Driving lessons for a parent/carer
- Reimbursement for an item already purchased or any item where a statutory agency has a responsibility to pay for the item needed.

Before sending this form back to us, you need to have signed the agreement on the next page so we can process your application.

Have you applied to any other charity or organisation for this specific equipment or item?

Yes No (please tick) If yes, which one(s)? _____

What was the outcome? _____

Is your accommodation:

- Local authority rented Owner occupied
 Private rented Housing Association

My accommodation is:

- Temporary
 Permanent

Remember

To complete your application you must sign the agreement on the next page

Contact us by email:
info@familyfund.org.uk





Before you send this application, please check that you have:

Remember
We are not able to process incomplete applications

- Included a photocopy of your benefit award letter or bank statement (page 3).
- Included a copy of any DLA/ PIP award, if your child has one. We use this to confirm main carer and child details
- Answered all questions as fully as possible
- Signed the form (below)



Contact us by email:
info@familyfund.org.uk



Your agreement



Our Terms & Conditions and Data Protection Statement are enclosed with this form and can also be found on the ['How to Apply'](http://www.familyfund.org.uk) section of our website www.familyfund.org.uk. We intend to rely on the terms contained within those

documents so for your own benefit and protection, please read them carefully before signing and submitting the application. If you do not understand any points please ask us for further information.

This section **MUST** be signed.

By signing the application below and submitting your application to us you will be providing us with your explicit consent to us using the information contained within the application and any subsequent related correspondence with you for the purposes of:

- (1) processing and considering your application (including to understand whether your child meets our Child and Young Persons Eligibility Criteria, whether you and your family circumstances meet our relevant criteria and, if so, how we can help you and best provide support to you), and discussing your application with you where necessary; and
- (2) if your application is successful, informing you of any subsequent grants, advice or other support services that we are able to provide within 12 months of your award date.

Name of main carer

Signature

Date dd / mm / yyyy

Further information in respect of how we will use the personal information contained within the application are set out in our Terms & Conditions and Data Protection Statement.



When you have completed and signed this application form please post it to:
Family Fund, Unit 4, Alpha Court, Monks Cross Drive, Huntington, York YO32 9WN

find us:

Family Fund
4 Alpha Court
Monks Cross Drive
Huntington
York YO32 9WN.

talk to us:

Telephone: **01904 550055**
Fax: 01904 652625
Email: info@familyfund.org.uk

community:

@familyfund

www.facebook.com/familyfund

www.instagram.com/family_fund

www.familyfund.org.uk