



# Family Fund

Helping disabled children

FF No. 

E N S W / F S

2016

## Grant Application Form

Our grants make a difference, support a family and improve a family's wellbeing.

### 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

dd / mm / yyyy


Address 


Postcode

Home phone number 

(including dialling code)

Mobile phone number 

Other (e.g. Minicom)

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) \_\_\_\_\_

Only send photocopies as we cannot post them back.

## 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.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Universal Credit                   | <input type="checkbox"/> Working Tax Credits |
| <input type="checkbox"/> Child Tax Credits                  | <input type="checkbox"/> Income Support      |
| <input type="checkbox"/> Income based Jobseeker's Allowance | <input type="checkbox"/> Incapacity Benefit* |
| <input type="checkbox"/> Employment Support Allowance*      | <input type="checkbox"/> Pension Credit      |
| <input type="checkbox"/> Housing Benefit                    |  |
- \* We may need to contact you for more information.

- 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

Contact us by email:  
[info@familyfund.org.uk](mailto:info@familyfund.org.uk)





# Your agreement

**Remember**  
We are not able to process incomplete applications

**Residency**  
If you are not a British or EU citizen, you must send confirmation of your residential status with your application.



If you have ticked you are receiving either Tax Credits or one of the listed benefits, you must send us photocopies of evidence with this application.

If you are a young person and you receive DLA/PIP, or if you have told us that your child is in receipt of DLA/PIP, you must send us a copy of the DLA/PIP award with this application.



**Remember, your form will be returned if we do not receive income confirmation.**

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

By submitting your application, you are consenting to us using the information that you provide to us for the purposes set out in the Terms & Conditions and Data Protection Statement.

Name of main carer  
or young person

Signature

Date dd / mm / yyyy

Your partner's name

Signature

Date dd / mm / yyyy



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**



## Family Fund

Helping disabled children

If you need any help making your application, you can read our questions and answers online at:

### 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](mailto:info@familyfund.org.uk)

[www.familyfund.org.uk](http://www.familyfund.org.uk)

### community:

 [www.facebook.com/familyfund](http://www.facebook.com/familyfund)

@familyfund 