

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

About you



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

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

If you have applied before	e, 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 🔒	
Home phone number	(including dialling code)
Mobile phone number 🕻	Other (e.g. Minicom)
Email address 💂	
What is your preferred i	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 Grandfather Other (please give details)
	I am a young person applying on my own behalf.
Number of children aged	d 17 and under living in the household Age(s)





To apply for a grant from Family Fund, you must fill in this form as fully as possible. Without accurate and complete information we may not be able to process your application. When complete, please send it to:

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

Your application

To help us with your application please fill in this form using block capitals.
I am a parent or carer applying for a child or young person (please tick)
Does your child live with you on a full time permanent basis? Yes No (please tick) If no, please give details
Is your child the subject of a Local Authority care order? Yes No (please tick) If yes, please give details
Is your child in foster care? Yes No (please tick)
All applicants need to complete all the questions below:
I have been living in the UK for the last 6 months
If no, please give details
I am a British or EU citizen Yes No (please tick)
If you are an EU citizen please tell us which country in the EU
If you are not a British or EU citizen, do you have current legal residency
in the UK and have recourse to public funds? Yes No (please tick)
If yes, please send confirmation of your residential status with this application.
Will we need an interpreter to talk to you about your application?
If yes, what language?
Alternatively, can you give details of someone who can speak on your behalf about your application? Please leave blank if not applicable.
Name
Job title
Address 🔐
Work phone 5/Mobile 1
Email address 💂

	Family Fund? (please tick) Hospital/Doctors surgery Online/search Other (please give details)	h engine Other Charity
Your partner		
	ve mean the person who lives with you (t il partner, boyfriend, girlfriend.	he main carer), for example,
Title First name(s) Surname Your partner's date of birth	Mr Mrs Miss Ms (please tick) O	ther
Your partner's relationship to the child or children you are applying for		andmother andfather
Your household	income	Only send photocopies as we cannot post them back.
You must send us should be a photoe	about the money coming into your home photocopies of one of the benefits or tax copy of your most recent award letter date ing with bank statements they must be le	credits listed below. This d within the last 12 months.
Do you or your partner receive any of the following tax credits or benefits?	Universal Credit Child Tax Credits Income based Jobseeker's Allowance Employment Support Allowance* Housing Benefit *We may need to	Working Tax Credits Income Support Incapacity Benefit* Pension Credit contact you for more information.
(e)	Please tick here if you do not receive contact you for more information about	

Child or young person's details

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This section refers to the child or young person.

Give as much detail as you can. If you have another disabled child

Remember Complete the form as fully as possible. This nay help speed up

	o apply for them, you will form or download one fro		org.uk your application
Child's first name(s) Child's surname Date of birth		Male Female (plea	ase tick) Age:
Please tell us your child	l's condition or diagnosis if	known	Date of diagnosis if known
1			dd/mm/yyyy
2			dd/mm/yyyy
3			dd/mm/yyyy
Does your child have ca	are needs relating to inconti	nence?	☐ Yes ☐ No
Has your child had to sin the last 12 months?	tay overnight in hospital be	ecause of their condition	on ☐ Yes ☐ No
your child has b you have told us	Disability Living Allowance een awarded. If you are a s that your child is in rece ard with this application.	young person and youp to be sold in your person and your many sold in your many sold in your many sold in your	
your child has b you have told us	een awarded. If you are a s that your child is in rece ard with this application.	young person and youp to be sold in your person and your many sold in your many sold in your many sold in your	ou receive DLA/PIP, or if must send us a copy of
your child has b you have told us the DLA/PIP aw	een awarded. If you are a s that your child is in rece ard with this application.	young person and your of DLA/PIP, you r	ou receive DLA/PIP, or if must send us a copy of more Payment (PIP)
your child has be you have told us the DLA/PIP aw Disability Living Allowa	een awarded. If you are a s that your child is in rece ard with this application. nce (DLA)	young person and your of DLA/PIP, you represented the Personal Independent	ou receive DLA/PIP, or if must send us a copy of more Payment (PIP)
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your child has be you have told use the DLA/PIP away. Disability Living Alloward. Care component. High rate care. Middle rate care. Low rate care. My child is not getting In the component.	een awarded. If you are a sthat your child is in rece and with this application. nce (DLA) Mobility component High rate mobility Low rate mobility	poung person and your personal Independent Care component Enhanced Standard decision	nust send us a copy of nce Payment (PIP) Mobility component Enhanced Standard
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Please tick any current treatment or therapy your child is receiving.	How often
Physiotherapy	
Occupational therapy	
Speech/language therapy	
Psychologist/Psychiatrist	
CAMHS	
Audiology/Ophthalmology	
Chemotherapy/Radiotherapy	
Paediatrician/Consultant	
☐ None of the above apply	
Other	
Equipment used	
Wheelchair Walking frame □ Oxygen □ Hearing aid(s)	Cochlear implant
Other:	
Does your child receive respite or short break provision?	☐ Yes ☐ No
	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
Behaviours at home, school and out and about	☐ Yes ☐ No
Behaviours at home, school and out and about	
Behaviours at home, school and out and about Tell us how your child's condition impacts on them.	

Nursery, school or college		
Is your child given additional support in Nursery/School	ol or College?	☐ Yes ☐ No
If yes, how many hours per week?	ls this: 1:1 support	Small group
Is escorted transport to school provided by the education	n 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 Attends Pupil Referral Unit At a Special unit At a Special school or college They have Portage Please give details: Communication Please give details about any di	Home Visiting Support Attends mainstream s At Residential school of Not at nursery, school egive details below	chool or college or college or college

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			
Job title			
Work Address 📫			
	Postcode		
Work phone 3/Mobile			
Email address 💂			

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:	My accommodation is:	
☐ Local authority rented ☐ Owner occupied	☐ Temporary	
☐ Private rented ☐ Housing Association	Permanent	

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



Your agreement

Remember

We are not able to process incomplete applications



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). 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



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

www.familyfund.org.uk

community:



www.facebook.com/familyfund

@familyfund

