Grant Application Form

Our grants make a difference, support a family and improve a family’s well-being.

“It’s a struggle financially when you have a disabled child. Your grant helped release this burden and made a difference.”

family fund
helping disabled children

www.familyfund.org.uk
To apply for a grant from the Family Fund, fill in this form and return it to:
Family Fund, Unit 4, Alpha Court, Monks Cross Drive, Huntington, York YO32 9WN.
If we have helped you within the last 2 years you can apply for your grant
on-line at www.familyfund.org.uk using your Family Fund number.

Your application

I am a parent or carer applying for a child or young person [ ] (please tick)
I am a young person applying for myself [ ] (please tick)
If you have applied before, do you know your Family Fund number?

Does your child live with you on a full time permanent basis? [ ] Yes [ ] No (please tick)
If no, please give details

All applicants need to complete the questions below:

I have been living in the UK for the last 6 months [ ] Yes [ ] No (please tick)
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? [ ] 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? [ ] Yes [ ] No (please tick)
If yes, what language?

How did you hear about the Family Fund?

About you

This section is to be completed by the person who is the main carer, holds parental
responsibility and who the child lives with.

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>(please tick)</th>
<th>Other</th>
</tr>
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<tbody>
<tr>
<td>First name(s)</td>
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<td>Home phone number</td>
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<td>Mobile phone number</td>
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<td>Email address</td>
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How would you like us to contact you? [ ] By email [ ] By letter (please tick)

Any questions? We’re on the web: www.familyfund.org.uk
About you continued...

Your relationship to the child or children you are applying for
- Mother  - Stepmother  - Grandmother
- Father  - Stepfather  - Grandfather
- Guardian
- 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)

Your partner

By your partner, we mean the person who lives with you, 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
- Guardian
- Other (please give details)

Your household income

We need to know about the money coming into your home.
You must send us evidence of one of the benefits or tax credits listed below. This should be the most recent copy of your award letter. If you are confirming with bank statements they must be less than 3 months old.

Do you or your partner receive any of the following tax credits or benefits?
- Child Tax Credits  - Working Tax Credits
- Income based Job Seekers Allowance  - Income Support
- Employment Support Allowance*  - Incapacity Benefit*
- Housing Benefit  - Pension Credit

* 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.

Are you currently declared bankrupt?  ☐ Yes  ☐ No
Please note this will not affect your grant application but we may need to contact you for more details.

Get in touch by email: info@familyfund.org.uk
Your bank account details

- Name of the account holder
- Name of the bank or building society
- Sort code
- Bank account number
- Roll number (if applicable)

☐ Please tick here if you don’t have a suitable bank account

If these bank details are for another person nominated by you, please give their full name and address below. They must sign below to say they agree to this.

- Nominated person’s name
- Nominated person’s address

☐ I agree to my bank details being kept by the Family Fund to make a cash grant into my account.
☐ I agree to pass any grant monies received to the applicant.

Nominated person’s signature

Date dd/mm/yyyy

Who can we speak to?

- Name
- Job title
- Address
- Work phone/Mobile
- Email address

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.

Please Note: We are not able to make payments into Post Office accounts.

Your bank account details

Please tick here if you don’t have a suitable bank account

If these bank details are for another person nominated by you, please give their full name and address below. They must sign below to say they agree to this.

Nominated person’s name

Nominated person’s address

☐ I agree to my bank details being kept by the Family Fund to make a cash grant into my account.
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Date dd/mm/yyyy

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Please Note: We are not able to make payments into Post Office accounts.

Any questions? We’re on the web: www.familyfund.org.uk
Child or young person’s details

This section refers to the child or young person.

Give as much detail as you can. If you have another disabled child and would like to apply for them, you will need to contact us for an additional child form or download one from www.familyfund.org.uk

Child’s first name(s)

Child’s surname

Date of birth dd / mm / yyyy

Male □ Female □ (please tick)

Age:

Is your child in the care of the Local Authority? □ Yes □ No (please tick)

Is your child the subject of a care order? □ Yes □ No (please tick)

Is your child in Foster care? □ Yes □ No (please tick)

Please tell us your child’s condition or diagnosis if known

|   | Date of diagnosis if known
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Does your child have care needs relating to incontinence? □ Yes □ No

Has your child had to stay overnight in hospital because of their condition in the last 12 months? □ Yes □ No

Tick the rate of Disability Living Allowance (DLA) your child has been awarded. If you are a young person and you receive DLA, or if you have told us that your child is in receipt of DLA, you must send us a copy of the DLA award with this application.

Care component

Mobility component

My child is not getting DLA

□ High rate care □ High rate mobility □ Have not applied

□ Middle rate care □ Low rate mobility □ Waiting for a decision

□ Low rate care

Have been refused

Please tell us the medication needs of your child.

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<td>2</td>
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<td>3</td>
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Get in touch by email: info@familyfund.org.uk
Please tick the treatment or therapy received.  

- [ ] 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

**Behaviour at home, school and out and about**

Tell us how your child’s condition affects them.

Would your child need support to take part in social and leisure activities?  

- [ ] Yes  
- [ ] No

**Nursery, school or college**

Does your child receive support at 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 which of the following apply.

- [ ] Statement (SEN)/Co-ordinated Support Plan made (CSP)  
  When:

- [ ] Individual Education Plan (IEP) made  
  When:

- [ ] Educational Plan/Additional Support Plan (Scotland only)  
  When:

Any questions? We’re on the web: www.familyfund.org.uk
We are not able to help with grants towards things like:

Adaptations or alterations to the home, building works, medical treatment, therapies or equipment, household bills or debts, child care, purchase of a car, 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.

Get in touch by email: info@familyfund.org.uk
Your agreement

Our Terms & Conditions and Data Protection Statement are enclosed with this form or displayed on our website under ‘How to Apply’. We intend to rely on these terms so for your own benefit and protection, please read them carefully before signing the application. If you do not understand any points please ask us for further information.

Name of main carer or young person

Signature

Date dd/mm/yyyy

Your partner’s name

Signature

Date dd/mm/yyyy

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

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

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

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 www.familyfund.org.uk

or email: info@familyfund.org.uk
Textphone/minicom: 01904 658085
Telephone: 0844 974 4099 Fax: 01904 652625

Family Fund Trust for Families with Severely Disabled Children.
Private company limited by guarantee. Incorporated in England and Wales.
Registration no. 3166627. Registered charity no. 1053866. Scottish charity no. SC040810.
Registered office: Unit 4, Alpha Court, Monks Cross Drive, Huntington, York YO32 9WN.