

Application form



Family Fund

Helping disabled children

Use this form to apply to Family Fund for a grant.

Instructions

This application form is also available in large text.

- Please use a black or blue pen and complete each section as fully as possible. If we do not have enough information, we may not be able to process your application.
- You can ask someone else to help you complete your application, (for example, a social worker or medical professional). You must make sure all the details are correct and sign the form yourself.
- You will find tick boxes in various places on the form. Leave these blank if the answer is NO or the question is not relevant to you or your child.
- If you are applying for more than one child/young person, you will need to complete an **Additional Child Form** and send it with your application. You can download a form from our website www.familyfund.org.uk/addchildform or phone us to ask for a copy on **01904 550055**.
- In order to check you are eligible for a grant, **we will need to see some supporting documents**. When you send us your form, remember to include photocopies of the following. **PLEASE DO NOT SEND ORIGINAL DOCUMENTS** as we will not be able to return them.
 - Copy of your most recent **benefit letter**, if you or your partner are in receipt of benefits
 - Two most recent **payslips or bank statements** with two months' income for you and your partner if you are in employment
 - **Disability benefit letter** for your child
 - Your **child's education plan**, if they have one
 - A copy of a recent (eg last six months) **assessment or letter from a professional** about your child's condition or support needs, if you have one.
- If you need a copy of this form in large format please get in touch. If English is not your first language, or if you are finding it difficult to complete the form because of a disability, and you do not have someone who can support you, we can help. Please call us on **01904 550055** or email info@familyfund.org.uk

Only send photocopies as we cannot post them back.



When you have completed the form, send it, together with your supporting documents to: Grants Team, Family Fund, Unit 3, Alpha Court, Monks Cross Drive, Huntington, York, YO32 9WN.



Applying online is simple and secure, and it helps us to process your application more quickly. To apply online instead, visit: www.familyfund.org.uk/grants/apply-for-a-grant

Contact details

Fill in this section if you are the person making the application. You can apply if you are the main carer of a disabled child/young person, you have parental responsibility, and the child/young person lives with you.

Your details

Your first name

Your middle name

Your last name

Your date of birth

Address line 1

Address line 2

Town/city

Postcode

We need to know how we can get in touch. If we can do this by email or phone, it makes things quicker and saves us money. If you do not have an email address or mobile phone, don't worry. Just leave these blank.

Email address

Mobile phone number

Home phone number

If you have applied to Family Fund before, you will have been given a Family Fund number. This might be 6 or 7 digits long. Providing your Family Fund number will help us to process your application. If you don't know it, or can't find it, don't worry, we will look it up.

Have you applied to Family Fund before? Yes No

What is your Family Fund number?

Your partner's details

Please give the details of your partner if you have one. (By partner we mean someone who lives with you, as a couple, for example your husband, wife, civil partner, boyfriend or girlfriend).

You are responsible for getting your partner's consent, to provide their details as part of your application, and for making them aware of the Terms and Conditions and Privacy Notice(s) on our website.

I confirm my partner has consented to their details being used in this application

Your partner's first name

Your partner's middle name

Your partner's last name

Your partner's date of birth

Your partner's email address

Your partner's phone number

Your household income

Family Fund provides grants to families on a low income. In this section we will ask about your household income, including any benefits or tax credits you/your partner receive, or income from employment.

Are you/your partner receiving any benefits or tax credits?

If you or your partner receive any of the following benefits or tax credits, please tick the relevant box to tell us which you receive, then move on to the section called Your Disabled Child.

Universal Credit

Working Tax Credit

Child Tax Credits

Income Support

Income-based Jobseekers' Allowance

Pension Credit

Income-related Employment Support Allowance

Housing Benefit



If you or your partner have ticked any of the boxes above, you need to provide a COPY of your most recent benefit letter with your application when you submit it, or we cannot process your application.

How much do you/your partner earn from employment?

If you or your partner have a job, please tell us the total figure that you and your partner earn from employment in a year. If your income varies, give the best estimate you can. If you are currently unemployed, leave this box blank.

Total household income from employment

£



If you or your partner have a job, you need to provide COPIES of the two most recent payslips for each person, or a COPY of a recent bank statement showing your earnings for two months. If you do not include these documents with your application form, we will not be able to process your application.

Do you receive any other income?

If you or your partner receive any other income, please use the boxes below to tell us about it. This may include benefits not listed above, but please do not include disability benefits.

What other income do you receive?	How much is it?	How often do you receive it?

Your disabled child or young person

In this section we will ask you for details about your disabled child or young person that you are applying for. You can only apply for one person on this form. If you are applying for more than one disabled child or young person, you need to complete an Additional Child Form. You can download one of these on our website on this page www.familyfund.org.uk/addchildform or telephone us on 01904 550055 to ask us to send you a form.

About your child

Your child's first name

Your child's middle name

Your child's last name

Your child's date of birth

Your child's gender

Female

Male

Prefer not to say

Self-describe

What is your relationship to the child or young person you are applying for?

Parent Step-parent Grandparent

Other (describe)

Does your child live with you full-time and on a permanent basis?

Is your child currently under the care of the local authority?

If yes, please provide some further details.

Is your child in foster care?

Your child's disability or illness

Please tell us about your child's condition or diagnosis.

Condition	Date of diagnosis (if known)

Your child's disability benefits

You may receive disability benefits on behalf of your child. Information about this can help us to process your application more quickly.

Does your child receive any of the following disability benefits? Tick any that apply.

Disability Living Allowance (DLA)

Personal Independence Payments (PIP)

Child Disability Payments (Scotland)

Adult Disability Payments (Scotland)

If you have ticked one of the boxes above, please tell us which components they receive.

Care Component /
Daily Living Component

High rate or enhanced

Middle rate

Low rate

Standard

Mobility Component

High rate or enhanced

Low rate

Standard



If you have said you receive any of these benefits you will need to provide a **COPY** of your most recent benefit letter with your application form when you submit it, or we cannot process your application

If your child does not receive any disability benefit, please indicate if any of these statements apply to you.

We have not applied for any disability benefit

We have applied and we are awaiting a decision

We have applied but were refused

We are currently appealing a decision

Your child's support needs

In this section we will ask you to describe your child's additional support needs. Please provide as much information as possible to help us process your application. If your child does not need a particular type of support, or it is not relevant due to their age, please leave the question blank.

Education and learning

Does your child attend a special needs nursery, school or college?

Does your child receive portage or early years support?

What level of 1:1 support does your child receive at nursery, school or college due to their disability or illness?

No 1:1 support

0-10 hours of 1:1 support per week

11-15 hours of 1:1 support per week

16 or more hours of 1:1 support per week

Does your child currently have any of the following?

Education and Health Care Plan (EHCP)

Coordinated Support Plan (CSP)

Education Plan (additional support or personal learning plan)

Individual Development Plan (Wales)

Child or Young Person Plan



If you have ticked any of the above, please provide a copy of the plan with your application form when you submit it, or we will not be able to process your application.

Does your child attend any of the following?

Mainstream nursery, school or college

Special unit within a mainstream nursery, school or college

Pupil Referral Unit

Special residential school or college

Please tell us about any other support your child receives at school. For example, are they on a reduced timetable or reduced hours or do they get any group support?

Is your child home educated?

If yes, please tell us about the circumstances. For example, if local schools are unable to support and why.

Treatment and therapies

In this section we ask about the treatments and therapies your child receives. If they don't receive a particular therapy or treatment, leave that question blank.

In the past 12 months has your child had to stay in hospital overnight because of their condition?

If yes, please tell us how long the stay was, and what it was for.

Does your child receive stoma care?

Is your child tube or peg fed?

Does your child receive any of the following? If yes, please tell us how often this is given and where the treatment takes place.

Treatment or therapy		How often given	Where treatment takes place
Chemotherapy or radiotherapy	<input type="checkbox"/>		
Oxygen	<input type="checkbox"/>		
Injections or blood transfusions	<input type="checkbox"/>		
Physiotherapy	<input type="checkbox"/>		
Occupational therapy	<input type="checkbox"/>		
Speech and language therapy	<input type="checkbox"/>		
CAMHS or other mental health support	<input type="checkbox"/>		
Play therapy	<input type="checkbox"/>		

Please tell us about any other treatments or therapies your child receives.

Please tell us about any medication your child receives, what it is called, how much they take and how often.

Type of medication	Dosage	How often is it taken?

Communications

In this section we ask you about any support your child needs to help them to communicate.

Does your child use any of the following to help their communication?

Cochlear implant	<input type="checkbox"/>
Hearing aid or other hearing device	<input type="checkbox"/>
Makaton or PECS	<input type="checkbox"/>
British Sign Language	<input type="checkbox"/>
Other Sign Language	<input type="checkbox"/>

Other, for example voice box, electronic voice communication aid (please describe)

Please provide details of any difficulties or support needs your child has with speaking, listening and understanding.

Personal care, mobility and specialist equipment

Please tell us about your child's personal care support needs, due to their disability or illness.

Does your child have care needs relating to incontinence?

Does your child use any of the following:

Nappies or incontinence pads

Catheter

Stoma

ACE

Please tell us about any physical support needs your child has during the day or night.

Does your child use any of the following? Tick all that apply and tell us how often they are used.

Support	How often is this used?		
Wheelchair <input type="checkbox"/>	All the time <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Temporarily <input type="checkbox"/>
Walking frame <input type="checkbox"/>	All the time <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Temporarily <input type="checkbox"/>
Visual mobility aid eg. a cane <input type="checkbox"/>	All the time <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Temporarily <input type="checkbox"/>

Please tell us about any other specialist equipment that your child uses that you haven't already told us about.

Please tell us about your child's supervision and support needs when they are out and about or at home, including through the night. This is support for anything other than their personal care. It will include any support needed related to seizures or safety.

Please tell us about any support your child needs to engage socially or take part in social and leisure activities

Professional contact

If we need more information about your child's needs, we may need to speak to a professional involved in your child's care and support. This may be a key worker or health visitor, teacher or other professional person who knows your child. Please provide these details below. Do not give details of your GP as we are not able to contact them.

You are responsible for getting the consent of your professional contact to provide their details as part of your application, and for making them aware of the Terms and Conditions and Privacy Notice(s) on our website.

I confirm that my professional contact has consented to their details being used in this application

Full name of professional worker

Professional role (eg social worker, teacher)

Place of work

Telephone number

Email address

Your grant requests

In this section you can tell us what you would like to apply for. Please be aware that our support is limited and while you can ask for as much support as you need, most people receive one item, or a couple of smaller items. Please enter your request **IN ORDER OF IMPORTANCE** – the item you need the most should come first.

As far as possible, we will take this into account if we make a grant award.

We need...	This is for...	This will help us because...
	My disabled child <input type="checkbox"/> The whole family <input type="checkbox"/>	
	My disabled child <input type="checkbox"/> The whole family <input type="checkbox"/>	
	My disabled child <input type="checkbox"/> The whole family <input type="checkbox"/>	
	My disabled child <input type="checkbox"/> The whole family <input type="checkbox"/>	

If you have requested something for your family home or garden, please tell us about your accommodation.

Is your home temporary or permanent Temporary Permanent

I am renting my home from a social landlord
(eg housing association)

I am renting my home from a private landlord

I am an owner occupier
(I own/am paying a mortgage on my home)

Other (please describe)

Consent to use your data

At Family Fund we take the security of your data very seriously. In this section we will ask you to provide your consent to how we use your data.

If you do not complete this section, we may not be able to process your grant.

If you live in England, please complete BOTH Section A and Section B. If you live in Scotland, Northern Ireland or Wales, complete Section B only.

Section A – consent to use your data in relation to the SFDC programme

Complete this section if you live in England.

If you live in England, your grant may be awarded from the Support for Families with Disabled Children programme (SFDC), which is managed by Family Fund on behalf of the Department for Education.

The way your data is managed is set out in the Department for Education's Privacy Notice. We recommend that you read this and Family Fund's Terms and Conditions before submitting your application as we intend to rely on them. If you do not understand any points, please ask us for further information.

We will now ask for consent to use your data in relation to the SFDC programme.

- I consent to Family Fund, on behalf of the Department for Education, storing and processing the information I provide in this application, and any subsequent related correspondence, for the purpose of processing and considering my application for an SFDC grant, in line with the Department for Education's Privacy Notice.

IMPORTANT NOTE: if you do not give your consent for this, we will not be able to consider you for a grant from the SFDC programme for families living in England.

The Department for Education think it would be beneficial for Family Fund to consider you for Family Fund's OTHER grant programmes. If you would like to be considered for all relevant Family Fund grants, please proceed to complete Section B on the next page. If not, please proceed to Your Declaration.

Section B – consent to use your data in relation to Family Fund’s other grant programmes

ALL applicants should complete this section.

If you live in England, Scotland, Northern Ireland or Wales, your grant may be awarded from one of Family Fund’s grant other programmes (not the Support for Families with Disabled Children Programme).

The way your data is managed is set out in our Terms and Conditions and Privacy Notice. We recommend that you read these before submitting your application as we intend to rely on them. If you do not understand any points, please ask us for further information.

We will now ask for consent to use your data in relation to Family Fund grant programmes.

- I consent to Family Fund storing and processing the information provided in this application, and any subsequent related correspondence, for the purpose for processing and considering my application for programmes where Family Fund is the Data Controller, in line with the charity’s Privacy Notice.

IMPORTANT NOTE: if you do not give your consent for this, we will not be able to consider you for a grant from Family Fund’s other programmes in England, or programmes in Scotland, Northern Ireland and Wales.

Marketing information from Family Fund

Family Fund would also like to keep you up-to-date with information about its wider work, and opportunities from other organisations that might be of interest to you (eg through an e-newsletter). We will do this by email.

- I consent to receiving updates from Family Fund and I understand I can unsubscribe from these communications, individually, and at any time.

Your declaration

I declare that the information provided in this form is true and accurate. I have read the Terms and Conditions and relevant Privacy Notice(s).

Your name	
Your signature	
Date	/ /

As set out in its Privacy Notice, Family Fund will carry out an identity check as part of counter fraud arrangements.



Send completed application form to:
Family Fund, 3 Alpha Court, Monks Cross Drive, York, YO32 9WN

Information about additional support and services

If your application is successful, we will inform you about other information and support that Family Fund can provide within four years of your initial award date. We will use our legitimate interests to do this. If you DO NOT want us to tell you about the other information and support we provide, you can opt out now.

I DO NOT want Family Fund to contact me about other information or support that Family Fund can provide, and that might be useful to me.



**Funded by
UK Government**

The grant programmes we offer include the Support for Families with Disabled Children programme, funded by the Department for Education in England, and programmes funded by the Scottish Government, the Welsh Government, the Department of Health in Northern Ireland and a range of other funders whose support we gratefully recognise.