

One-off Grant Application Guidance Notes

Who is eligible for financial assistance?

Men and women who live in England or Wales aged 60 or over (over 50 for homeless people), with a low income and minimal savings, are eligible for support. People who are not eligible for help from any other trade, professional or Service benevolent fund will be given priority. We do not award grants to people living in residential care.

How to apply

The application form should be completed by a third party organisation such as Age UK, Care & Repair, Social Services, Citizens Advice or other welfare support agency. If the applicant is unable to find a referring agency to assist them, please contact the Supporting Friends team to discuss this. We aim to respond within two weeks of receiving the completed form.

Please return the completed form to Supporting Friends, Friends of the Elderly, 40-42 Ebury Street, London, SW1W 0LZ, or by email to: info@supportingfriends.fote.org.uk

How can Supporting Friends help?

We aim to improve the quality of life for older people in the following ways:

- by providing one-off grants for essential items such as mobility aids, basic furniture, household white goods and appliances, property repairs and utility bills;
- with regular allowances to support older people living at home who are on a very low income;
- by signposting to other potential sources of funding

The scope of the grants is wide, but regrettably no help can be given with Council Tax payments, care home fees, rent arrears, overseas travel or for items for younger members of a household. We cannot make payments in retrospect for items already purchased.

When the application is successful

A cheque for a one-off grant will be made payable to the referring organisation (or company providing the service or item), but not to an individual applying for assistance.

For more information contact Supporting Friends

If you have any questions regarding this form please contact the Supporting Friends Team on 020 7730 8263 You can also email: info@supportingfriends.fote.org.uk

About Friends of the Elderly

Friends of the Elderly has been helping older people since 1905. Our vision is that all older people should retain their independence, dignity and peace of mind. We offer high quality residential and nursing care in care homes in the South East and in Worcestershire. We support older people to stay living in their own homes with a range of community services including day clubs, home support and befriending.

Guidance notes for completing the application form

1. Applicant's Personal Details

Please supply all the information that is being asked for in this section.

Religion – this can be helpful in identifying sources of funding, since there are some organisations which fund clients of particular religious affiliation.

2. Alternative Contact Details

Please give details of an alternative contact or next of kin

3. Health

Health problems or disabilities – this can be helpful in identifying sources of funding, as some organisations support people who have particular health problems

4. Employment History

Please supply this information even if the applicant and their partner are retired or if the companies are no longer in existence.

There are many trade and professional benevolent funds that support people who have worked in particular fields. For some occupational benevolent funds even a short period of employment may entitle the applicant to financial assistance.

Please indicate if the applicant was a member of a trade, professional body or trade union during their employment. This information is useful since many trade and professional bodies and trade unions support their members even if membership has now lapsed.

If the applicant had many different employments, please give details on a separate page.

Partner's Employment History

Please supply this information even if your partner is now retired or deceased as some organisations support clients upon their partner's employment even if their partner is now deceased.

5. HM Forces History

There are many funds that help people and their partners who have served in any of the Armed Forces, such as the Air Force, Navy or Army. If your client has served in the Forces they can apply to the Royal British Legion or SSAFA Forces Help for financial assistance.

6. Household Information

This information is required, in order that we may have an overall view of the household. Please state how many



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people live in the household and if they are under 60, state their relationship to the client (e.g. son, daughter, carer etc.).

7. Details of Housing

Please complete the boxes to indicate whether Housing and/or Council Tax Benefit have been claimed.

If the applicant is in rented accommodation, please indicate whether the property is rented from the Council, a Housing Association or a private landlord.

If the applicant is a home owner with a mortgage please give the amount of the monthly mortgage payment. State the amount paid by the applicant, over and above any direct payments from Pension Credit/ESA.

8. Details of Income and Expenditure

Income information is needed for both the applicant and the applicant's partner (if any) and should be stated in terms of a weekly figure if possible. If there are other members of the household, please give their income in the column headed 'Other'.

Please attach a copy of the most recent benefit letter from the DWP to the application form.

Disability Related Expenditure: This might include extra costs for home care, transport, cleaning, gardening, chiropody, dietary requirements, heating. Please state the type of activity paid for and the average amount spent per week.

9. Details of Bank Accounts and Savings

Please give the amounts of any bank and building society balances and details of all other savings.

Please check with the client whether they (or their partner) have another property, other than their main home.

10. Debts and Arrears

Please give details of outstanding debts and arrears. Do not include any current bills which are due to be paid, but which are not in arrears.

11. Details of Grant

Please describe what the client has applied for help with e.g. an electric cooker. Include an explanation of why the item/service is required. If more than one item is requested, please indicate which is the most important. It will speed the application process if quotes for the items being requested are provided with the application. If the client needs help with their utility bills, please enclose a copy of the recent bill. If the applicant has applied to us for support on a previous occasion please give the approximate date of the application.

12. Other Funds Approached

Please give the names of any other charities applied to and the result of those applications (if known).

13. Referring Agent

Please note that this section needs to be filled in by the referring agency whose contact details will then be used for further correspondence in connection with the application.

14. Declaration

The applicant should read the declaration and, when satisfied that all the information given is accurate, sign and date the form.

The form should also be signed by the applicant's partner (if any) to confirm that the information about them is accurate.

PHONING FRIENDS

Phoning Friends is a service operated by Friends of the Elderly, offering regular friendly phone calls from a trained volunteer. If the applicant would benefit from this service please state this on the application or contact our Phoning Friends Manager for information on 020 7730 8263. Older people who have feelings of loneliness and isolation are a priority for this service.

ONE OFF GRANT APPLICATION FORM - WS
(Please read Guidance Notes before completing this form)

1. Applicant's Personal Details *(see note 1)*

Last Name	First Name
Title	Date of Birth
Place of Birth	Religion
Marital Status	NI Number
Home Address	
County	Post Code
Telephone Number	

Partner's Personal Details (if applicable)

Last Name	First Name
Title	Date of Birth
NI Number	Living at above address? Yes/No

2. Alternative Contact Details *(see note 2)*

Name	Relationship to Applicant
Address	
Postcode	Telephone Number

3. Health *(see note 3)*

Please describe any health problems or disabilities that the applicant or their partner may have:

4. Past Occupations *(see note 4)*

Please tell us about any past paid employment in the UK:
Applicant's Employment History

1	Employer Name	Job Role
	Type of Business	Length of Employment
2	Employer Name	Job Role
	Type of Business	Length of Employment
3	Employer Name	Job Role
	Type of Business	Length of Employment
Partner's Employment History		
1	Employer Name	Job Role
	Type of Business	Length of Employment
2	Employer Name	Job Role
	Type of Business	Length of Employment

5. HM Forces History *(see note 5)*

Did the applicant serve in HM Forces Yes/No
Did the applicant's partner serve in HM Forces Yes/No

If yes, please state which service and for how many years:

6. Household Information *(see note 6)*

How many people live in the household?

Please give details of any household members under the age of 60:

7. Details of Housing *(see note 7)*

Has Housing Benefit been claimed?

Has Council Tax Benefit been claimed?

7. Details of Housing (continued)

Please indicate the applicant's type of accommodation by ticking or completing the relevant boxes below:

Rented (if yes, please circle type)	Housing Association
	Council
	Private
	Hostel

Owned – No Mortgage	
Owned – With Mortgage: Please state monthly mortgage payment, excluding payments made direct from Pension Credit or ESA.	£

Has the applicant been recently homeless?	Yes/No
If yes, when were they re-housed?	

Care Home/Residential Home	
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8. Statement of Income (see note 8): ATTACH COPY OF PENSION CREDIT LETTER OR OTHER PROOF OF INCOME

Details of Weekly Income	Applicant £	Partner £	Other £
Basic State Pension			
Pension Credit (Guaranteed Credit)			
Pension Credit (Savings Credit)			
Private/Occupational Pensions - total			
Employment Support Allowance			
Net Weekly Earnings			
Carers Allowance			
Any other income – please specify			
Weekly Total	£	£	£
Attendance Allowance			
Disability Living Allowance – Mobility			
Disability Living Allowance – Care			
Charitable Income – please specify			
Weekly Total	£	£	£

Disability Related Expenditure (see note 8)

If the applicant has any expenses as a direct result of disability, please describe these below and estimate the average weekly expenditure figure in the box

	£
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9. Bank Accounts and Savings (see note 9)

	Applicant £	Partner £	Other £
Bank account – current balance			
Building Society – current balance			
Post Office accounts – current balance			
Other savings (including ISAs and premium bonds)			
TOTAL	£	£	£
Does the applicant own any property (other than their own home)?			

10. Debts and Arrears (see note 10)

Indicate the total amount still owed and (where appropriate) the weekly repayments being made.

	£ Total Owed	£ Weekly Repayment
Rent, Mortgage, Council Tax		
Gas, Electricity, Telephone or Water Charges		
Credit cards, Bank overdraft, Catalogue or loans		
Social Fund		
Other (please explain)		

12. Other Funds Approached *(see note 12)*

Have any other charities been applied to on behalf of this applicant? Yes/No	
If yes, please list and state the outcome, if known:	
1	4
2	5
3	6

13. Referral Agency's Details *(see note 13)*

Supporting Friends will correspond with the referring agency in connection with this application.

Your Name **(please print)** _____

Your organisation _____

Address _____

Telephone number _____

Email _____

Signature of Referring Agent _____

14. Declaration to be signed by the applicant *(see note 14)*

I hereby certify that the information given is correct to the best of my knowledge and belief. I agree that Supporting Friends may approach any other charities or organisations in order to consult in confidence on matters relevant to this application. I authorise Supporting Friends to approach other agencies on my behalf.

In order for Friends of the Elderly to be able to process this application, it has been necessary to ask for personal information, such as health, finance, religion and background. The **Data Protection Act 1998** is in place to make sure that organisations do not misuse such information. To comply with the Act, Friends of the Elderly needs to have explicit consent to hold such information, either in manual or computer files. I agree that Friends of the Elderly/Supporting Friends may hold and process personal data about me in its manual and computer files.

Signed (Applicant) _____ Date: _____

Signed (Applicant's Partner, if applicable) _____ Date: _____

Phoning Friends

Phoning Friends is our telephone befriending service, and creates friendships on the phone between volunteers and clients. We will match you to a volunteer befriender, based on shared interests and compatibility. Your volunteer will phone you regularly for a friendly chat, either once a week or fortnight. If you are interested in this free service please tick the box.



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Monitoring Form

Please complete this form which helps us to monitor applications for equality purposes. This is sensitive personal data and will be treated as confidential, in line with the requirements of the Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The data will not be taken into account in assessing information on your application form.

Ethnic origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups.

ETHNIC ORIGIN To which one of the following groups would you say you belong? (Please tick one option only).
White British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background (please specify) <input type="checkbox"/>
Mixed White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background (please specify) <input type="checkbox"/>
Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background (please specify) <input type="checkbox"/>
Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background (please specify) <input type="checkbox"/>
Chinese or other ethnic background Chinese <input type="checkbox"/> Any other ethnic background <input type="checkbox"/> (please specify).....