



"Pocket money" £5 / day is taken out of the CareNet fund and provided there is money in it we will pay you.
Payments last for six months, then you have to reapply

To claim this money you must be based in Great Britain or Northern Ireland be single, have a disability, illness or health condition and on housing benefit or universal credit.

When you send this form make sure you enclose a letter from a doctor or health care professional explaining your condition, proof of benefits and photographic I.D, i.e. copy of passport or driving licence.

Fill in this form. Block capitals, black ink.

Surname

First name and any other names

Any other names you have been known by

Title (Mr, Mrs, Ms etc)

Date of birth

Email address

National insurance (Ni) number

Letters	Numbers		Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Mobile phone number. This is the number we'll use to send you a text if we need to

Day time phone number

Code Number

Nationality

For example, British.

If you are homeless please tell where we can get in touch with you.

Please say where we can get in touch with you in the box below

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

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How we pay you

Have we ever paid money into your account before? tick box that applies

Yes ☐

No ☐

Do you want us to pay your money into the same account? tick box that applies

Yes ☐

No ☐

Payments will be made 4 weekly at the rate of £5 / day.

About the account you want to use.

* You can use an account in your name, or a joint account.

* You can use someone else's account if
-the terms and conditions of their account allow this, and
-they agree to let you use their account, and
-you are sure they will use your money in the way you tell them.

* You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.

* If you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

Please tell us your account details below.

It is very important you fill in all the boxes correctly' including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on your chequebook or bank statements. If you do not have the account details, ask the bank or building society.

Name of the account holder

Please write the name of the account holder as it is shown on the chequebook or statement.

Full name of bank or building society

Sort code. Please tell us all six numbers, for example 12-34-56

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers please fill in the numbers from the left.

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Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and maybe up to 18 characters long. If you are not sure if the account has a roll or reference number ask the building society.

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Other information

Please use this space to tell us anything else you think we might need to know

If there is not enough space, please use a separate sheet of paper. Make sure that you

- * tell us who the information is about and
- * put your full name and national insurance number (N.I.) on each sheet of paper and
- * sign and date each sheet that you use.

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Declaration

* **I understand** that I must report all changes in my circumstances i.e. change of address, phone number, bank details etc. I will phone 07495721881 or write to the office that pays 'pocket money'.

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Declaration cont'd

*** If I give false** or incomplete information or fail to report changes in my circumstances promptly, I understand that my allowance maybe stopped or reduced.

Signature

This form is application for 'pocket money' out of the CareNet fund.

Date

Please tick this box if someone filled this form for you

☐

What to do now

enclose this form in an envelope with the following check list:

- 1.Letter from doctor or health care professional explaining your disability, illness, health condition.
- 2.Proof of housing benefit or universal credit
- 3.Photographic I.D. Can be a photocopy of passport or driving license.

Please send the completed form and all other info, to office address:

Room F
48 Vaughan Road
Harrow
Middlesex
HA1 4EE
UK