

Fill in this form Block capitals, black ink

"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.

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

www.s.com	
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
Address	
Mobile phone number. This is the number we'll use to send you a text if we need to	Postcode Code Number
Day time phone 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
	Postcode

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 we 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 accou	nt.
* You can use someone else's account if -the terms and conditions of their account allow this, an -they agree to let you use their account, and -you are sure they will use your money in the way you to	
* You can use a credit union account. You must tell us th account details. Your credit union will be able to help you	
* If you are an appointee or a legal representative acting claimant, the account should be in your name only.	on behalff of the
Please tell us your account details below.	
It is very important you fill in all the boxes correctly' inclunumber, if you have one. If you tell us the wrong account may lose money.	
You can find the account details on your chequebook or details, ask the bank or building society.	bank statements. If you do have not the account
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	e 12-34-56

Continued on page 3

Continued from page 2 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. 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. 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

Declaration

* sign and date each sheet that you use.

* I understand that I must report all changes in my circumstances i.e. change of address, phone number, bank details etc. I will phone 02037599876 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.

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

Signature		
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Date		j
/ /		
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.
- 3. Photographic I.D. Can be a photocopy of passport or driving license.

Please send the completed form and all other info to:

Room F 48 Vaughan Road Harrow Middlesex HA1 4EE