

"Pocket money" £5 / day at the rate of £35 / week is taken out of the CareNet fund and provided there is money in it we will pay you. Payments last for 24 weeks then reapply.

To claim this money you must be based in Great Britain or Northern Ireland be single, have a disability, illness, health condition and/or be house bound due to media encounters, also be on housing benefit.

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

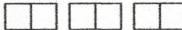
How we pay you			
Have we ever paid money into your account before? tick box that applies	Yes	No 🗌	
Do you want us to pay your money into the same account? tick box that applies	Yes	No 🗌	
Payments will be made weekly at the rate of £5 / d	ay		
About the account you want to use.			
* You can use an account in your name, or a joint	account.		
*You can use someone else's account if -the terms and conditions of their account allow th -they agree to let you use their account, and -you are sure they will use your money in the way			
*You can use a credit union account. You must tel account details. Your credit union will be able to		's	
*If you are an appointee or a legal representative a claimant, the account should be in your name only		he	
Please tell us your account details below.			
It is very important you fill in the boxes correctly increference number, if you have one. If you tell us the maybe delayed or you may lose money.			
You can find the account datails on your chaque h	ank or hank statem	unnta If you do not	

You can find the account details on your cheque book 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 cheque book or statement.

Full name of bank or building society

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



Continued on page 3

	i			
Account number  Most account numbers are 8 numbers long. If you account number has fewer than 10 numbers please fill in the numbers from the left.	our			
Building society roll or reference no If you are using a building society account you may need to tell us a roll or reference number. This maybe made up of letters and numbers, and maybe upto 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 i.e. If you are house bound due to media encounters, state situation.		mang pingkat tahun dan dan dan dan dan		
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.				
	N. Talanta			-

## Declaration

Continued from page 2

\*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 on page 4

Continued on Page 4

## Declaration continued

\*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

Signa	ture		
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		** A not be harped on a photology on	
Date			
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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:

- Letter from doctor or health care professional explaining your disability, illness, health condition (unless house bound due to media encounters see Other information page 3)
- 2. Proof of housing benefit.
- 3. Photographic I.D. Can be a photocopy of passport or driving license.

Send the completed form and all other info to:

Room F 48 Vaughan Road Harrow Middlesex HA1 4EE