Family Fund Urgent Grant Application Form



Only to be completed by a registered referrer, do not pass this form to families to complete.

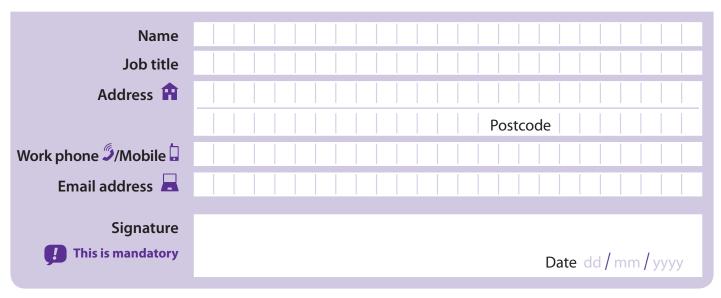
is this the first time the fam	ily has applied to the Family Fund? L	Yes No FF no
bout the child		Remember Insufficient information can result in
Incomplete appli	cation forms will not be processe	
Child's first name(s)		
Child's surname		
Child's date of birth	dd / mm / yyyy	Female (please tick) Age:
Is the child in the care of the Local Authority, or the subject of a care order or in Foster care?		Yes No (please tick)
Details of child's conditi	Date of diagnosis if known	
Reason for admission/inp How long have they bee How long are they expects to the child receiving pall	n an inpatient? cted to stay?	Yes No (please tick)
	ls of the child's main carer.	for the child and who the child lives with
Title	Mr Mrs Miss Ms (p	olease tick) Other
First name(s)		
Surname		
Their date of birth	dd / mm / yyyy Telephone r	no.
Address 📫		
		Postcode

About the family continued	Page 2 of
(): IV Are the suither Method Fother Other	
(please tick) Are they the Mother Father Other	
The main carer has been living in the UK for the last 6 months If no, please contact the Fund before proceeding.	s Yes No (please tick)
They are a British or EU citizen	Yes No (please tick)
If they are an EU citizen please tell us which country in the EU	
If they are not a British or EU citizen do they have current legal residency in the UK and have recourse to public funds? If yes, give details of evidence seen	Yes No (please tick)
, 5-5, 3 5	
About the family's household income	
Does the main carer Universal Credit	☐ Working Tax Credits
or their partner Child Tax Credits	☐ Income Support
(if applicable) receive Income based Jobseeker's A	
tax credits or benefits? Housing Benefit	Awaiting decision
If they do not receive any of the above we need to know a	bout money coming into the household.
please give details:	
What is their Household Income a year? £	Please do not include Child benefit, Disability
Are they: Employed Self employed Not work	ing Please give further details below if relevant:
Bank account details for the family	
We need bank details so that we can pay any cash The Family Fund is not able to make payment into	
Name of the account holder	
Name of the bank or building society	
Sort code Bank accoun	nt number
Roll number (if applicable)	
Please tick here if they don't have a suitable bank acco	ount
If these bank details are for another person nominated by a and address below. They will also need to sign to say they a	
Nominated person's name	
Nominated person's address 🔐	

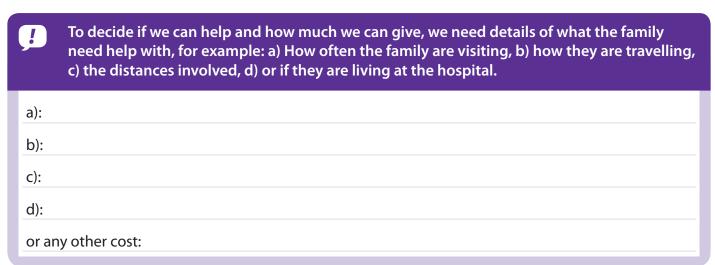
Postcode

☐ I agree to my bank details being kept by the Family Fund to make a cash grant into my account. ☐ I agree to pass any grant monies received to the applicant.		
Nominated person's signature	Date dd/mm/yyyy	
	Date dd / mm / yyyy	

Details of the Referrer making the application



Grant requested



We are not able to help with grants towards things like:

- Adaptations or alterations to the home
- Building works
- Medical treatment
- Therapies or equipment
- Household bills or debts

- Child care
- Purchase of a car
- Driving lessons for a parent/carer
- Reimbursement for an item already purchased or any item where a statutory agency has a responsibility to pay for the item needed.

Remember
The family must sign the applicant agreement.

Applicant agreement



All grants are discretionary and subject to available funding at any time.

The third party helping you to make this application must give you a copy of our Terms & Conditions and Data Protection Statement. Those documents can also be found under the "How to Apply" section of our website (www.familyfund.org.uk). We intend to rely on the terms contained within those documents. For your own benefit and protection please ensure that you have read them carefully. If you do not understand any points please ask us for further information.

By signing this form you are confirming that:

- you have read and understood, and consent to us using the information that you provide to us for the purposes set out in, our Terms & Conditions and Data Protection Statement; and
- you have given correct and accurate information to the third party submitting this application on your behalf; and
- you consent to the outcome of this application being confirmed to the third party who has submitted this application on your behalf.

Name of main carer or young person	
Signature	
	Date dd/mm/yyyy



When you have completed this application form and the family have signed it, pre-notify the Family Fund by emailing urgents@familyfund.org.uk or call the Urgent helpline on 01904 550804.

Fax or post the application form to:

01904 652625

Urgents, Family Fund, Unit 4, Alpha Court, Monks Cross Drive, Huntington, York YO32 9WN

Remember
You must pre-notify the
Family Fund before sending
sending this application

Remember
You must give a copy of the Terms
and Conditions and Data Protection
statement to the family







