

# Agreement Form

All sections of this form must be completed.

The form must be signed by the person(s) who will be responsible for the management of the ILF award.

Failure to do so could affect ILF payments.

Please refer to the guidance notes for help when completing this agreement form.

## Section A

To the Trustees of the Independent Living Fund (2006) ("ILF")

User name:

ILF Ref:

## Section B

I accept an ILF award(s) for a weekly amount of up to:  
(enter all of the awards you are accepting)

£

## Section C

I would like this amount to be paid from  
(enter exact date)

dd/mm/yy

Please turn over the page to complete the rest of the form

## Section D

The people I will pay with the ILF award for providing personal care and/or domestic assistance are as follows. Please tick all boxes that apply:

☐

Personal assistants that I employ

☐

Personal assistants that are self-employed

☐

Domiciliary care agency

☐

Private day centre

Please provide the names and addresses of all the domiciliary care agencies and/or private day centres you will pay with ILF monies.

## Section E

Do you have any unspent ILF monies? (See guidance notes for explanation.)

☐

Yes. If so, how much? £

☐

No

If yes, please send us a cheque made payable to “ILF” for the money you have not spent. (Please remember to put the user’s reference number on the back.)

## Section F

The bank/building society account details for the ILF award to be paid into:

Account holder name(s)

Sort code:

Account number:

Roll number (if applicable):

## Section G

Please sign and date the declaration below. You must read your offer letter(s) from the ILF and user guide booklets listed overleaf carefully as these explain your “obligations”.

I accept and agree with the offer(s) as detailed in the offer letter(s) and calculation sheet(s). I accept my obligations when using the ILF award as outlined in the user guide booklets, including (but not limited to) the following:

- To keep appropriate records
- To use the ILF money for personal care and domestic assistance
- To immediately notify the ILF of any:
  - change of income and/or capital
  - change of care needs/care costs
  - change in who I pay to provide my personal care and domestic assistance
  - change to the rate of Disability Living Allowance or other benefits that I get
  - admissions into hospital or residential care

I am aware that the ILF award is a discretionary award and can be reduced, suspended or cancelled at any time. I acknowledge that this agreement does not create any legal obligations on the part of the ILF. I am aware of and agree that, I will have to pay back any ILF monies that are not used in line with my obligations when using an ILF award.

I confirm that the details I have provided to the ILF before the date of this agreement are true.

Signature:

Date:

## Section H

If you have signed the declaration above and you are not the ILF user please give us your details below.

By signing the declaration you confirm that you have explained to the user his/her obligations as set out in the above declaration and where the user does not have the capacity to understand them, you agree to fulfil his/her obligations on their behalf.

Name:

Address:

Relationship to user:

## **User guide booklets**

1. What is the Independent Living Fund
2. Your application
3. Your money
4. Becoming an employer
5. Your responsibilities
6. Your savings and capital
7. What to do if you go into residential care or hospital
8. What happens to ILF payments if you die
9. On-going support
10. Useful organisations
11. Data protection
12. Our customer service standards

**Please make sure that you have a copy of each of the 12 booklets. Please contact the ILF straight away if any of the 12 booklets are missing.**

## **Data Protection Act 1998**

**The information the user and/or signatory to this agreement has given to the ILF will be used to confirm how much the ILF will pay to the user.**

**It will also be used to confirm the person responsible for the use and management of the award, for the acceptance of the obligations set out above and for the ILF to enforce its rights.**

**This information will be saved on the user's file for as long as is necessary and will not be disclosed to anyone else unless this has been previously agreed, or as is set out in the user guide booklets or the application form (completed by or on behalf of the user before the date of this agreement).**

**Information may be disclosed to the Department for Work and Pensions in order to establish the user's eligibility or continuing eligibility. Information will not be disclosed unless the Data Protection Act allows.**

## **Need any further assistance completing this form?**

**Telephone: 0845 601 8815 or 0115 9450 700**

**Textphone: 0845 601 8816**

## **Please return the completed form to:**

**Equinox House, Island Business Quarter,  
City Link, Nottingham, NG2 4LA**