



Guidelines regarding grant applications to Barnes Cotton Districts Charity

(PLEASE READ THESE GUIDELINES BEFORE COMPLETING THE FORMS)

The charity provides a regular income for people in financial need who are suffering from severe or incurable illness/disability and for people convalescing from such illness, whilst continuing to live in their own home. The support may be of a financial nature or for help in providing convalescent holidays.

Who may apply?

Any individual living within the geographical areas of Lancashire, Greater Manchester, Craven District of North Yorkshire, High Peak Derbyshire, Macclesfield and Warrington in Cheshire and the Calderdale District of West Yorkshire. On occasions the Charity will also provide funding to other Charities within the same geographical areas, working in support of a similar clientele via matched provision.

Who do we support?

- People on low income and living with a permanent severe illness/disability
- People on low income recuperating from a serious illness
- People in need of a convalescent holiday within the UK
- People requiring specific items of equipment relating to the illness/disability

What do we not support?

- Carers salaries/expenses
- Trustees will not fund purchases retrospectively
- Convalescent holidays outside of UK

Completing the Application Form

- Ensure **ALL** sections of the paperwork are completed. Any incomplete form will be returned, without being processed.
- Ensure that the medical forms are **completed and signed** by a Doctor or Medical Professional. The form must also be rubber stamped by the signatory.
- Ensure that page 1 and the financial form is **completed and signed** by your Support Worker (who is working with you and / or your family at this time. *This worker must be able to confirm your current financial circumstances.*) Ensure that all figures provided are **EITHER** weekly **OR** monthly. Forms showing muddled/mixed figures will be returned, without being processed.
- Any discrepancies in your financial statement could result in a rejected request so please ensure all details are accurate.

What Happens Next

- Check the application forms are complete and then send them to:
The Secretary, Barnes Cotton Districts Charity, C/o Azets, St Crispin House, St Crispin Way, Haslingden, BB4 4PW. There is no requirement to return these Guidelines.
- All information contained in your application is treated as confidential. However, it should be pointed out that the information will be shared electronically with all the Trustees.
- Please note the Trustees' decision is final. No discussions/correspondence will be entered into regarding individual decisions.



Applicant Details

The charity provides **either** a regular income for people in financial need who are suffering from severe or incurable illness/disability **or** assistance for people needing convalescence from such illness whilst continuing to live in their own homes.

The Trustees have full power to decide on any matter relating to the application process and admission.

Note: All applicants **MUST** be recommended by their Support Worker, who can verify the financial needs of you and / or your family at this time.

	Name	Date of Birth	Occupation / School
Applicant			
Partner			
Children			

Please confirm the total number of people living in your household:

Address

Telephone / Mobile

Email Address of Applicant

**Married, single, widow(er),
parent, carer**

Date of Birth

Are you able to work?

(If not, state reasons here)

Date: _____

Signature of Applicant: _____



Recommendation

(to be completed by the Support Worker)

I can, from my personal knowledge of the applicant above, recommend him/her as a suitable person to be assisted by the charity.

Support Worker name/ address

Contact Number & Email

Signature of Support Worker

Occupation of Support Worker

**How long have you been
working with the applicant?**



Type of Application

Please tick one relevant box:

- New Application for monthly payment
Please note that such applications will be reviewed every three years although in some cases grants will be reviewed annually. It is our understanding that any financial support provided to you should not affect the level of benefits you may also be receiving. The responsibility for checking this however and for declaring income, if necessary, lies with you. The charity cannot and does not accept any responsibility in this regard.
- Renewal Application for monthly payment
- Application for one-off grant
- Request for assistance with convalescent holiday **Option One:**
*Arrangements can be made for your convalescence between May and September at the Headlands Hotel, Blackpool or the Monterey Beach Hotel, St Annes-on-Sea. Once you have decided where you would like to go, a cheque for £80 per person should be sent with the completed forms – made payable to **Cotton Districts Convalescent Fund**. Your name and address should be written on the back of the cheque. Places will be allocated on a first come first served basis. **Please do not send any cash in the post.***
- Request for assistance with convalescent holiday **Option Two:**
*The Charity will contribute of up to £200 towards the cost of your holiday anywhere else in the UK. Please note that the cost of the holiday **must** be invoiced to you, as the Charity does **not** take on any liability with the provider for all or part of the cost of the holiday. Upon receipt of the invoice from you, together with proof of your payment, the Charity will send you a cheque for the amount awarded.*



Medical Declaration

This form is to be completed by the Medical Professional working with the applicant or their family and can confirm the applicant's medical needs.

How long have you known the applicant named overleaf?

What medical condition does the applicant suffer from?

Is the condition severe and enduring?

Is the applicant incapacitated from practising any trade or employment?

Is it likely that the applicant may eventually be well enough to return to employment? If so, what is the anticipated time-scale?

Date:

Signature:

Address

PLEASE NOTE: DOCTOR/MEDICAL PROFESSIONAL RUBBER STAMP MUST BE USED



Applicant Income and Expenditure Statement

WEEKLY/MONTHLY - SELECT ONE OR THE OTHER AND USE THROUGHOUT

YOU MUST INCLUDE ALL INCOME INCLUDING ALL BENEFITS AND EXPENDITURE FOR THE WHOLE HOUSEHOLD

	Amount £		Amount £
EARNED INCOME		Rent/Mortgage	
Wages/Salary (take home) - You		Mortgage Endowment	
Wages/Salary (take home) - Partner		Ground Rent/Service Charge	
Maintenance/Child Support received		Secured Loans	
Board/Contribution from non-dependent children		Buildings/Contents Insurance	
Board from official boarders/lodgers		Life Assurance/Pensions	
Other		Council Tax	
		Gas	
BENEFIT INCOME		Electricity	
Universal Credit		Water	
Employment Support Allowance (ESA)		Other Utilities (coal, oil, calor gas, etc.)	
Income Support		Maintenance/Child Support Payments	
Working Tax Credit		Carer/Childcare Costs	
Child Tax Credit		School Meals	
Child Benefit (after deductions for DWP loan repayments)		TV Licence/Satellite/Cable	
DLA/PIP (Mobility)		Internet	
DLA (Care) PIP Daily Living		Home and/or Mobile Phones	
Attendance Allowance		Food/Household goods/Toiletries	
Housing Benefit		Cigarettes/Tobacco	
Council Tax Benefit		Alcohol	
Other		Clothing and Footwear	
		Nappies and Baby Items	
PENSION INCOME		Pet Food	
State Retirement Pension - You		Newspapers and Magazines	
State Retirement Pension - Partner		Car Costs - for each vehicle - (Fuel, road tax, insurance, maintenance)	
Private or Work Pension - You		Transport Costs eg bus, taxi	
Private or Work Pension - Partner		Catalogue/Club Repayments	
Pension Credit		Liabilities/Debts - Repayments	
Other (Specify)		Hire Purchase - Repayments	
		Court Fines	
		Health Costs arising from medical condition - please give details	
		Any other expenditure - please specify	
TOTAL	£	TOTAL	£

I declare that the above figures are a true and complete statement of my financial circumstances. If they change, I undertake to notify the Secretary of the Charity

Signed _____ Print Name _____ Date _____



Consent

Your privacy is important to us. In order for us to help you with your application and to comply with the Data Protection Act (1998) we must ask your permission to store and process your personal and sensitive data. Please see below:

- Yes, I do consent to The Cotton Districts Convalescent Fund and Barnes Samaritan Charity using my personal information to assess my eligibility for financial assistance/convalescent holiday support. I understand that my personal details will be kept on file if I am successful and removed if I am unsuccessful.

- No, I do not consent to The Cotton Districts Convalescent Fund and Barnes Samaritan Charity using my personal information to assess my eligibility for financial assistance/convalescent holiday support. Please delete all my personal details from your files.

Signed _____ **Print Name** _____ **Date** _____