Application form and information about how to apply

The Scottish WELFARE FUND



Filling in this Form

You may be eligible for help from the Scottish Welfare Fund if:

- You are 16 or older
- You are on a low income

Don't be put off if you think the form looks too long – you won't normally have to answer every question.

If you need help with this form and you don't have a support worker, please get in touch with your local council or local advice service (e.g. Citizens Advice Bureau).

The more detail you are able to provide now, the less time it will take for us to consider your application.



What is the Scottish Welfare Fund?

The Scottish Welfare Fund is a safety net for vulnerable people on low incomes. There are two types of grants available:

Crisis Grants help people facing a disaster or emergency.

- A disaster might mean a fire or a flood
- An emergency, for example running out of food, might be caused by a sudden loss of income

Crisis Grants are normally paid to meet living expenses for essentials like food or heating.

Community Care Grants help vulnerable people set up home, or continue to live independently, within their community.

- Helping families under exceptional pressure
- Helping people following a period of care or homelessness
- Helping people continue to live independently where there's a risk of care or homelessness
- Helping people meet additional costs associated with looking after someone on temporary release from prison or a young offenders' institution

Community Care Grants are normally provided in the form of goods, for example, cookers or beds.

Eligibility

You may be eligible to receive a grant if you are aged 16 or over and on a low income.

You may not be eligible if you have access to other money which you can use for the things you need, or if you have already applied within the past 28 days and your personal circumstances haven't changed.

If you are applying for a Crisis Grant, you may not be eligible if you have already received three Crisis Grants within the last 12 months.

Ways to Apply

You can telephone your local council to make an application over the phone, or to find out about other ways to apply.

You can also apply in writing by completing this form and sending it to your council.

How will I find out about the outcome of my application?

Your council will always contact you in writing to inform you of the outcome of your application. In some circumstances, however, they may also phone or text you.

A decision will be made on your application:

- No later than the end of the next working day for a Crisis Grant
- Within 15 working days for a Community Care Grant

What if I don't agree with the decision?

If you do not agree with the decision made on your application, you can ask for this to be reviewed by a different decision maker. To do this, you must write to your council within 20 working days requesting this. If you are unable to do this in writing, you should contact your council to discuss alternatives.

If you are still unhappy you can ask the Scottish Public Services Ombudsman (SPSO) for an independent review (the SPSO is not part of the council).

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PART 1 About You and Your Family	You						Your	Partne	r (only if	you share o	a home)
Title	Mr	Mrs	Ms	Other		lease ecify)	Mr	Mrs	Ms	Other	(please specify)
Surname											
First names											
Any other names you have been known by											
Date of birth		/	/					/	/		
National Insurance number If you know this, it will help us to consider your application more easily. Your application will also be accepted if you do not have a National Insurance number.	Letters	Nu	mbers			Letters	Letter	s Nur	mbers		Letters
Are you pregnant?	Not ap	oplicat	ole				Not a	oplicab	le		
Please tick boxes that apply.	No		Whe	n is the bo	aby exp	pected?	No		When	n is the bak	by expected?
	Yes			/	/		Yes			/	/
Address Please tell us your address.											
			Postco	de							
What type of property is this? Please tick boxes that apply.	С	ouncil	tenancy	,		Care In	stitutior	ı (e.g. h	ospital/c	care home)	
neuse liek boxes mar apply.	Pr	ivately	rented			Housing	g Associ	iation (re	ented)		
	0	wner o	ccupiec	ł		Suppor	ted acc	commo	dation		
	St	aying	with frien	ds/family		Prison,	young o	offende	rs institut	ion	
	H	ostel or	B&B			Other (olease	describe	e)		

EVERYONE MUST COMPLETE THIS SECTION

PART 1 About You and Your Family

Contact details -

Please provide your contact telephone number or email address. If someone is helping you to apply, please also let us know who this is and how to contact them.

Are you a lone parent?



	Name	Date of Birth	Relationship to you (e.g. son, friend, mother)	Please tick this box if you receive Child Benefit for this person
Other people –				
Please tell us about any other people you live with, including any children you support				
(a dependent child is defined as being 16 or under, or aged 17-19 and still in				
full time education).				
Have you recently been released from prison?	No			
If yes, please provide details.	Yes			
	Date of Entry to Prison	Prison Name		
	Release/Liberation Date	Prison Numb	er	

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You

No

Yes

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PART 2 About Money	You			Your Partner (only if you sho	ire a home)
Do you or your partner receive any benefits? Please fill out all boxes that apply.	No Yes			No Yes		
	Amount Paid	Date of Last Payment	Date of Next Payment	Amount Paid	Date of Last Payment	Date of Next Payment
Income Support						
Pension Credit						
Housing Benefit						
Council Tax Reduction						
Jobseeker's Allowance						
Employment and Support Allowance						
Incapacity Benefit						
Disability Living Allowance						
Personal Independence Payment						
Working Tax Credit						
Child Tax Credit						
Child Benefit						
Universal Credit						
Carer's Allowance						
Armed Forces Independence Payments						
State Pension						

EVERYONE MUST COMPLETE THIS SECTION

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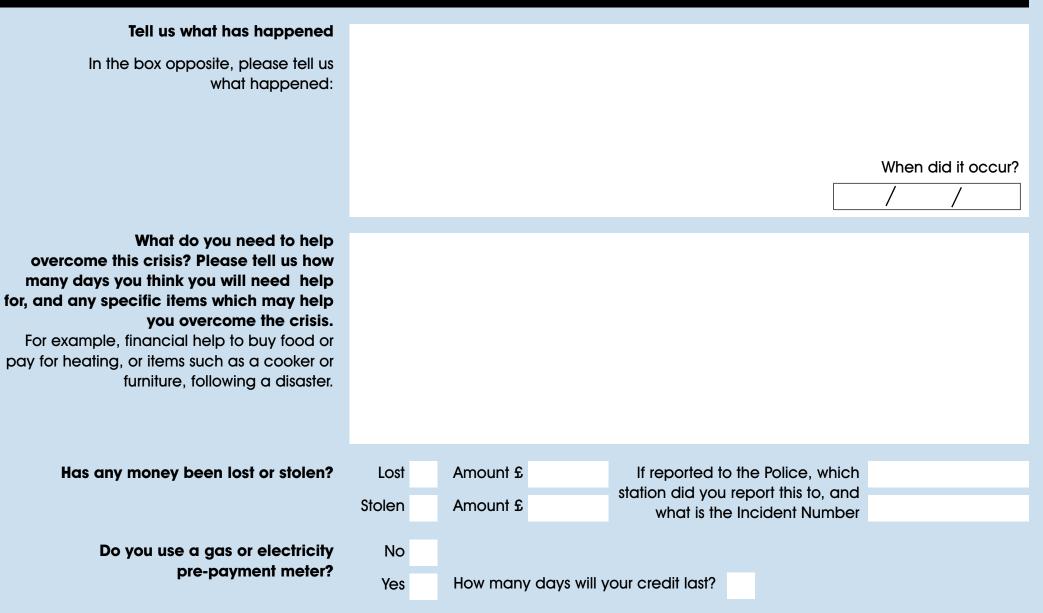
PART 2 About Money	You	Your Partner (only if you share a home)
Are you or your partner subject to any sanction or disallowance relating to your benefit? Please note being subject to a sanction or disallowance does not affect your eligibility. If yes, please tell us more about this, such	No Yes	No Yes
as when you last received a payment, how much it was for, and the period of the sanction you have received.		
Do you or your partner receive any other regular income?	No Yes	No Yes
If yes, please tell us a bit more about where this comes from (e.g. paid employment or pension), when you are next due to receive payment and how much this will be.		
Do you or your partner have access to any other money or savings?	No Yes	No Yes
If yes , please tell us how much and where this is held, for example, a bank account, bonds, shares or credit union.		

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PART 2 About Money (contd.)	You	Your Partner (only if you share a home)
If you cannot access this money, please tell us why.		
Do you or your partner own a house or property, apart from where you live? If yes, please tell us more about this.	No Yes	No Yes
Have you or your partner tried to get help from anywhere else? For example, family or friends?	No Yes	No Yes
If yes , please tell us more about this.		

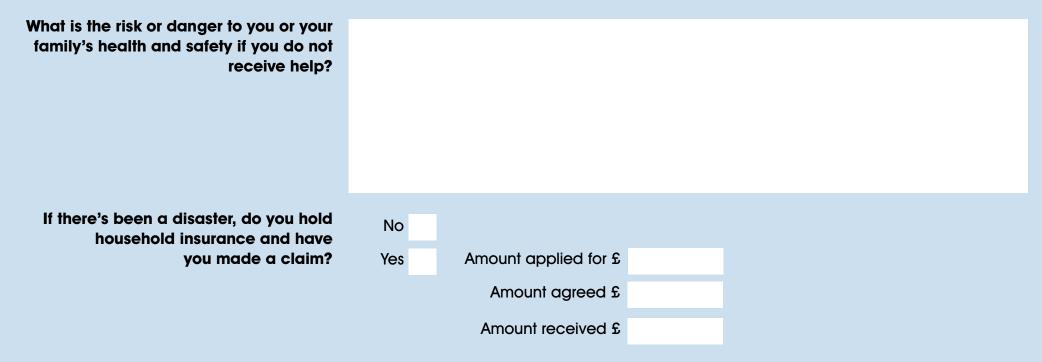
PART 3 What type of Grant are you applying for?





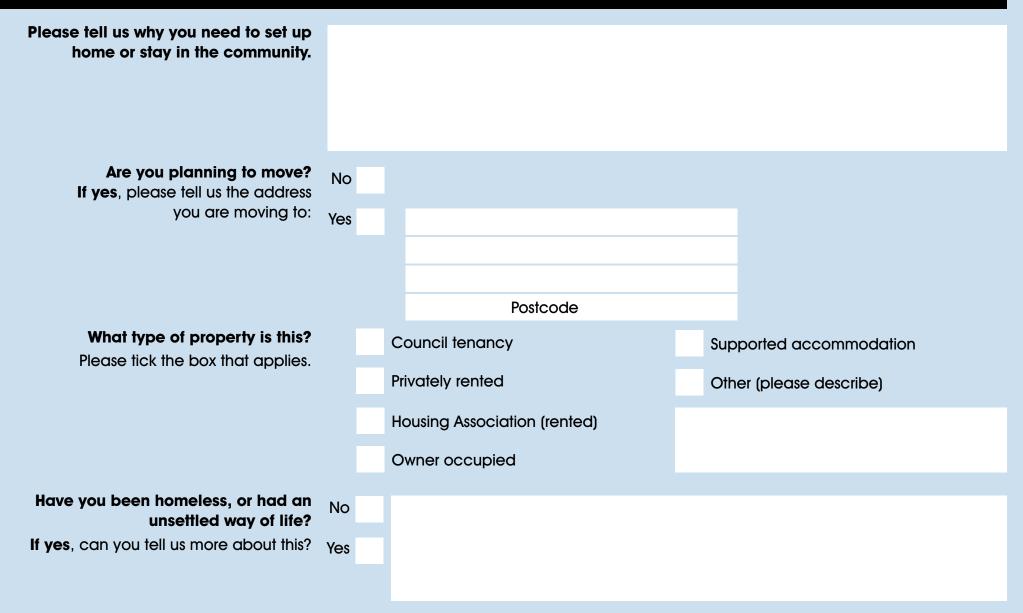
PART 3 What type of Grant are you applying for? (contd.)

Crisis Grant - only complete this section if you are applying for a Crisis Grant (contd.)



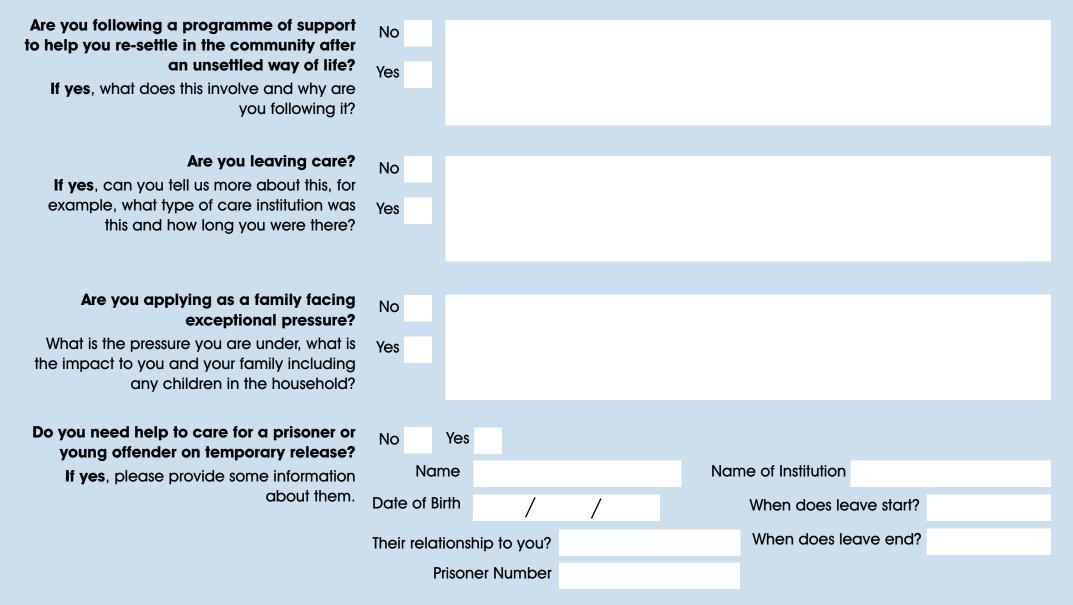
PART 3 What type of Grant are you applying for? (contd.)





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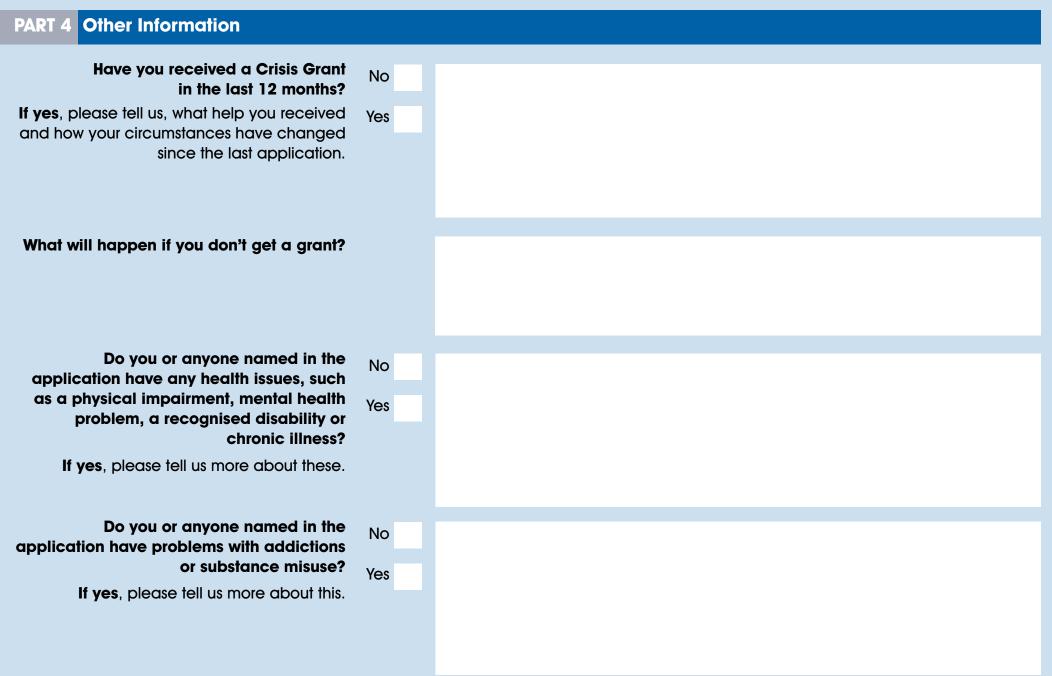
Community Care Grant - only complete this section if you are applying for a Community Care Grant (contd.)



PART 3 What type of Grant are you applying for? (contd.)

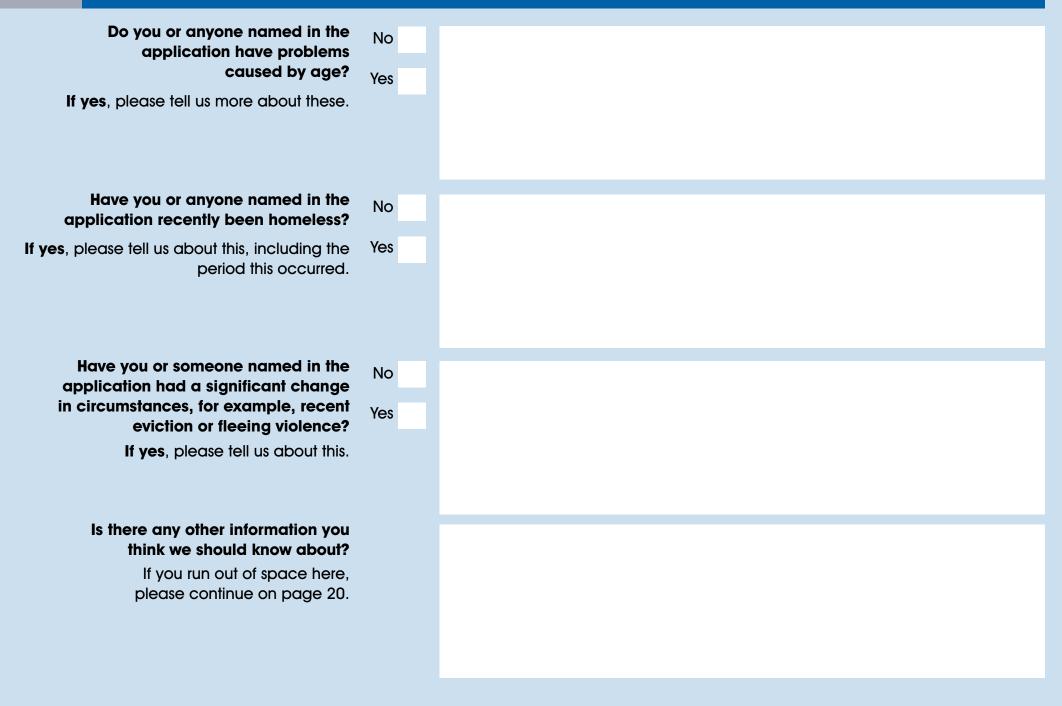
Community Care Grant – only complete this section if you are applying for a Community Care Grant (contd.)

Do you receive help from any other organisation?	No
	Yes
If yes, please provide organisation's name and, if possible, a contact telephone number.	
What things do you need?	
For example, clothes, furnishings or white goods.	
How many or how much	
do you need?	
Why are these items needed?	
,	



EVERYONE MUST COMPLETE THIS PART





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PART 4 Other Information (contd.)	
Did someone help you fill in this form? If you are happy for us to speak to them on your behalf, please tell us who this is, the organisation they work for and a contact number.	No Yes
Are you or your partner in contact with other services, for example, social work, housing or welfare rights? Please tell us which services, and their contact telephone number, if you are happy for us to speak to them on your behalf.	No Yes
Would you like help to access any of these services? Please tick all that apply. Would you be happy to be contacted by organisations delivering these services?	Money Management Benefit Advice

PART 5 Declaration

If we decide to award a grant, we may make the award by cash or cash alternative, or provide the items you need. If we are going to give you items, we will contact you to discuss arrangements for delivery or collection.

About the account you want to use

If your application is successful, we may decide to provide a grant using electronic transfer. To do so, we would require your bank account details.

If you tell us the wrong account details your payment may be delayed or you may lose money. You can find the account details on your bank debit card or bank statements.

If you are not sure about the details, ask the bank, building society or other account provider. You can use an account in your name or a joint account. If you do not have an account, and are not planning to open one, please tick the box and we will contact you to discuss the best way to make a payment.

If you are an appointee or a legal representative acting on behalf of the applicant, the account should be in your name only. To be paid into a credit union account you must provide the credit union account details. Your credit union will be able to help you with this.

If you do not have an account and don't intend to open one tick here

Account details

Name of account holder:

Full name and address of bank, building society or other account provider:

Sort	t coc	le			
Account number					
Building society roll or reference number					

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PART 5 Declaration (contd.)

Please read the declaration carefully and make sure you understand it before signing and dating the form. We cannot make a decision about your application unless you have signed the form. Even if someone has filled in the form for you, you must sign it if you can. Make sure that you understand what they have written before you sign the declaration. It is an offence to give false information.

Tick one of the following:

This is my application for a Crisis Grant

Community Care Grant

- I have read and understood the guidance notes within this form.
- I understand that:
 - the council will use the information I have given to decide whether to award me a grant;
 - for Crisis Grants, the council will make a decision on my application no later than the end of the next working day;
 - the council will check the information I have given with the organisations I have named on the form and make any other enquiries to check that the information I have given is correct;
 - the council will use the information and share it with other agencies, including the Scottish Government, for research and analysis to monitor this service and provide better services;
 - the council will keep a copy of this application in accordance with its retention policy.
- I also understand that:
 - the council may decide to make a grant for supervised spend by the council or by another organisation;
 - the council may require me to provide receipts for the things I buy from any grant award, so I must keep my receipts.
- I declare that, if I am awarded a grant, I will spend it on the things I have asked for.
- I also declare that the information I have given on this form is correct and complete as far as I know and believe.

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If this form has been completed by someone different from the person named in the application please now go to the next page.

EVERYONE MUST COMPLETE THIS PART

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PART 5 Declaration (contd.)

If this form has been filled in by someone different from the person named in the application.

If you are signing this form for someone else who cannot apply for themselves, please complete this section. You do not need to complete this section if you have helped someone fill in the form but **they** are signing it.

Please print the name of the person who completed the form: Contact address: Contact address: Postcode Telephone number: Relationship to the applicant: Reason why the applicant was unable to complete the form:

Please ask the applicant to sign this section to give you the authority to apply on their behalf. You should complete the rest of the form with the details of the person you are filling in the application for. We will send all correspondence to you.

I hereby authorise the person named above to apply for a Crisis Grant or Community Care Grant on my behalf. I would like them to receive all correspondence about the application.

Helping us to improve

Helping us to improve

We want to understand how well the Scottish Welfare Fund is working so that we can continue to improve. We would like you to answer these questions to help us, but they are not part of your application so you do not have to. If you do answer them, we will not use the answers to any of these questions to decide whether or not to give you a grant.

What religion, religious denomination or body do you belong to? (Please tick which applies)

None	Buddhist	Other Ch	hristian	Paga	in
Church of Scotland	Sikh		Hindu	Other (please complete	e)
Roman Catholic	Jewish	١	Muslim		
What is your ethnic g	roup? (Please tick wh	ch applies)			
White Scottish			Ba	ngladeshi, Bangladeshi Sc	cottish or Bangladeshi British
Other British			Ch	inese, Chinese Scottish or	Chinese British
Irish			Ot	ner Asian, Asian Scottish or	r Asian British
Gypsy/Traveller			Afr	can, African Scottish or Afi	rican British
Polish			Ot	ner African Caribbean, Co	aribbean Scottish or Caribbean British
Other white eth	nic group		BIC	ck, Black Scottish or Black	British
Mixed or multip	le ethnic group		Ot	ner Caribbean or Black	
Pakistani, Pakista	ani Scottish or Pakistan	i British	Arc	ıb, Arab Scottish or Arab Bi	ritish
Indian, Indian S	cottish or Indian British		Otl	ner (please complete)	

What is your country of birth?

If you were not born in the UK, when did you most recently arrive to live here? Do not count short visits away from the UK.

Helping us to improve

	you have a physical or mental health condition or illness lasting or expected to last No months or more?	Yes
lf y	es, does this condition or illness affect you in any of the following areas?	
Plec	ase tick all that apply.	
	Vision (for example blindness or partial sight)	
	Hearing (for example deafness or partial hearing)	
	Mobility (for example walking short distances or climbing stairs)	
	Dexterity (for example lifting or carrying objects, using a computer keyboard)	
	Learning or understanding or concentrating	
	Memory	
	Mental health	
	Stamina, breathing difficulties or fatigue	
	Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperge	ers' syndrc
	Other (please complete)	

Please use this section if you ran out of space on page 13, at the question – Is there any other information you think we should know about?



Version 2/Issue 2

If you have any further questions please contact your Local Authority.



February 2016