

# THE LEAGUE OF THE HELPING HAND

Charity Number 208792



## APPLICATION GUIDELINES AND GRANT AWARD CRITERIA

### Important note to sponsors:

The 'Applicant' is the adult or parent requiring help. The 'Sponsor' is the professional person applying on the applicant's behalf. **The Sponsor (not the applicant) must complete all parts of this form and verify the information provided.**

### Eligibility for a one off grant of £50 - £250 (*£250 is the maximum amount awarded*):

- Applicants must have an officially recognised sponsor who has personal knowledge of their circumstances and who can verify all information requested on this form. A sponsor can be a representative from the Health Service, Social Services, C.A.B, Housing Association, Tenancy Support agency, Charity etc. **Cheques are made payable to the Sponsoring body, not the applicant;** sponsors are therefore required to have the facility to receive grants on behalf of the applicant. They must also ensure that any grant is spent on the item for which it is awarded.
- Applicants of any age experiencing financial hardship and on a very low income are considered providing they have an illness, physical disability, mental health problem, learning disability or they care for an adult or child who is disabled, elderly or ill. If help is required for a child, details of his/her disability or illness is required, however the 'Applicant's Details' on page 2 should be of the parent/carer **not** the child.
- Applicants must be British citizens and reside in the U.K. **National Insurance number MUST be given.**
- Sponsors must ensure that all statutory entitlements, including Community Care Grants (where eligible) have been applied for before LHH will consider awarding a grant. **If a grant has been awarded previously to the applicant by LHH, no further application should be made.**

### Examples of what LHH may award grants for:

- Essential household items such as a cooker, bed/bedding, fridge, washing machine, carpets etc.
- Food/daily living expenses/heating costs
- Specialist equipment that cannot be obtained through Health or Social Services.
- Clothing, including school uniform etc.
- Fares/travel expenses for hospital appointments or regular visiting.
- Carers Breaks (when funds allow)

### We regret that LHH CANNOT help with:

- Electric wheelchairs & scooters, stair lifts, hoists, car purchase, vehicle adaptations etc.
- Building works.
- Business or education related costs including computers.
- Debts/ bankruptcy fees.
- Medical, dental and therapeutic treatment including alternative therapies.
- Support for refugees unless they have been granted residency/asylum.
- Overseas travel or holidays unless recuperative following an illness/stay in hospital, or a carer's break.
- Tenancy deposits.

Applications are considered two or three times a month.

### Other Help Given

LHH supports 70-80 regular beneficiaries by providing quarterly payments, birthday and Christmas cards, regular newsletters and yearly visits.

**LHH is committed to ensuring accessibility to all sections of society. If you have any questions or special needs please contact the Secretary on Tel no: 01444 236099 or email: [secretary@lhh.org.uk](mailto:secretary@lhh.org.uk)**

# THE LEAGUE OF THE HELPING HAND

## Application for Assistance



LHH does not have the funds to help all those who apply.

Applications that have not been submitted in accordance with our guidelines may not be considered, therefore, we recommend you check the form carefully before sending to ensure all the sections below have been fully completed.

**This form must be completed in full by the Sponsor NOT the Applicant**

**LHH office use only**

Date Received: \_\_\_\_\_

SAE \_\_\_\_\_

Data \_\_\_\_\_

Case No: \_\_\_\_\_

Item Applied for: \_\_\_\_\_

Sum requested: \_\_\_\_\_

Decision: \_\_\_\_\_

Please complete **by hand** in black ink. (Forms cannot be completed on screen)

### Applicant's Details

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age ( ) Telephone \_\_\_\_\_

Nature of medical complaint or disability \_\_\_\_\_

Present occupation (incl. Armed Forces) \_\_\_\_\_

Former occupation (incl. Armed Forces) \_\_\_\_\_

Marital Status: *Single* *Married/Partner* *Separated* *Divorced* *Widowed*

Spouse/Partner's present occupation (incl. Armed Forces) \_\_\_\_\_

Spouse/Partner's former occupation (incl. Armed Forces) \_\_\_\_\_

Number of children (with D.O.B. if under 18) \_\_\_\_\_

**National Insurance Number:** \_\_\_\_\_

### Sponsor's Details

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Sponsoring Body \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone (landline pref) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Item/s required:**

**Total sum required: £**

**Sum requested from LHH: £**  
(maximum £250)

**Details of Savings for the HOUSEHOLD:**

**Details of Debts for the HOUSEHOLD:**

Bank/Building Society Accounts			Total Owed £	<b>Weekly</b> Repayments £
Post Office Accounts		H.P. or Credit Agreements		
Premium Bonds/Savings Certificates		Mail Order/Catalogues		
Stocks & Shares/Other Investments		Court Judgements /Attachment of Earnings		
Other Savings		Other Debts: <b>Please Specify</b>		
<b>Total £</b>		<b>Total Debt Repayment £</b>		/week

**Details of Housing:** What type of home does the applicant live in? (Tick one box)

<b>Owned no mortgage</b>	<b>Owned with mortgage</b>	<b>Rented Council</b>	<b>Rented Private</b>	<b>Other Please specify</b>

**Details of Income and Expenditure – THIS MUST BE PROVIDED IN WEEKLY FIGURES**

*(Sponsors must complete this and are expected to have seen proof of all information)*

**TOTAL HOUSEHOLD** income after tax etc.

**TOTAL HOUSEHOLD** expenditure.

<b>Income</b>	<b>£</b>	<b>Expenditure</b>	<b>£</b>
<b>Net earnings</b>		<b>Mortgage Payments</b>	
<b>Retirement Pensions</b>		<b>Rent:</b> Fully met by Housing Benefit? <b>Yes/No</b>	
<b>Occupational/Private Pensions</b>		Amount paid by applicant ie: HB shortfall or full rent	
<b>Disability &amp; Carers Benefits</b> Disability Living Allowance Mobility Disability Living Allowance Care		Council Tax (if no council tax benefit or shortfall)	
Attendance Allowance		Water Rate (including rebate)	
Carer's Allowance		Electricity	
<b>Sickness Benefits</b> Incapacity Benefit		Gas	
Employment & Support Allowance		Coal/Logs etc	
Severe Disablement Allowance		Total of debt repayments <b>as detailed above</b>	
<b>Jobseeker's Allowance</b>		TV rental and licence	
<b>Means-Tested Benefits</b> Income Support		Telephone incl. landline & mobile	
Income-based Jobseekers Allowance		Insurance(s)	
Pension Credit		Car Expenses incl. road tax, servicing, petrol	
Housing Benefit	Yes/No	Travel incl. bus, coach, train, taxi	
Council Tax Benefit	Yes/No	Clothing (& shoes)	
<b>Tax Credits</b> Child Tax Credit		Food, cleaning materials, toiletries etc	
Working Tax Credit		Other expenses: <b>please specify</b>	
<b>Child Benefit</b>		Other expenses: <b>please specify</b>	
Other Income: <b>please specify</b>		Other expenses: <b>please specify</b>	
<b>Total £</b>	/wk	<b>Total £</b>	/wk

Please list other charities, trusts, and/or local authorities to which the applicant has also applied to for assistance, and the results of those applications.

**Please ensure all qualifying statutory benefits & grants have been applied for (e.g. Community Care Grant) and are listed below.**

Charity, Trust, Local Authority	Result
1.	
2.	
3.	
4.	
5.	

**Case Report:** Please give full details of the applicant's situation below or on a separate sheet.

**Name of sponsoring body to whom cheque should be made payable:** *(NB: Cheques cannot be paid to applicant)*

**Declaration:** The information in this form is correct to the best of my knowledge and belief.  
 DATA PROTECTION ACT 1998: By signing this form both the applicant and the sponsor agree to this and any other relevant information being retained by The League of the Helping Hand for its own use for as long as necessary

<b>Signatures</b>	<b><u>Applicant</u></b>	<b><u>Sponsor</u></b>
<b>Date</b>	DD / MM / YY	DD / MM / YY

**Please enclose a stamp addressed envelope & return application to:  
 The Secretary, LHH, PO Box 342, Burgess Hill, RH15 5AQ**

***NB: A stamp addressed envelope must be provided to ensure notification of the application outcome***