

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 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(s) 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, diagnosed mental health problem, learning disability or they care for an adult or child who is disabled or ill.
If help is required for a child, please provide details of his/her disability or illness and complete parent/carer's information for 'Applicant's Details' on page 2 of form.
- 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 Local Welfare Grant (where eligible) have been applied for before submitting a request to LHH. **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/renovation/extension 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

THE LEAGUE OF THE HELPING HAND

Application for Assistance



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

Applications not submitted in accordance with our guidelines will not be considered.

Please check form carefully before sending to ensure all sections have been completed fully.

This form must be completed in full by the Sponsor

LHH office use only

Date Received: _____

SAE _____

Data _____

Case No: _____

Item Applied for: _____

Sum requested: _____

Decision: _____

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 £	Weekly 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: Please Specify		
Total £		Total Debt Repayment £		/week

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

Owned no mortgage	Owned with mortgage	Rented Council	Rented Private	Other Please specify

Details of Income and Expenditure – 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.

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

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

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

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

Signatures	<u>Applicant</u>	<u>Sponsor</u>
Date	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