

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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EVERYONE MUST COMPLETE THIS SECTION

### PART 1 About You and Your Family

#### You

**Title**

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.

**Are you pregnant?**

Please tick boxes that apply.

**Address**

Please tell us your address.

**What type of property is this?**

Please tick boxes that apply.

Mr

Mrs

Ms

Other

*(please specify)*

Letters

Numbers

Letters

Mr

Mrs

Ms

Other

*(please specify)*

Letters

Numbers

Letters

Not applicable

No

When is the baby expected?

Yes

Not applicable

No

When is the baby expected?

Yes

Council tenancy

Privately rented

Owner occupied

Staying with friends/family

Hostel or B&B

Care Institution (e.g. hospital/care home)

Housing Association (rented)

Supported accommodation

Prison, young offenders institution

Other (please describe)

**PART 1 About You and Your Family**

**You**

**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?**

No

Yes

**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).

Name	Date of Birth	Relationship to you (e.g. son, friend, mother)	Please tick this box if you receive Child Benefit for this person
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**Have you recently been released from prison?**

If yes, please provide details.

No

Yes

Date of Entry to Prison  Prison Name

Release/Liberation Date  Prison Number

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*EVERYONE MUST COMPLETE THIS SECTION*

**PART 2 About Money**

**You**

**Do you or your partner receive any benefits?**

Please fill out all boxes that apply.

No

Yes

	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			

**Your Partner (only if you share a home)**

No

Yes

	Amount Paid	Date of Last Payment	Date of Next Payment

EVERYONE MUST COMPLETE THIS SECTION

**PART 2 About Money**

**You**

**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 as when you last received a payment, how much it was for, and the period of the sanction you have received.

No   
Yes

**Do you or your partner receive any other regular income?**

**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.

No   
Yes

**Do you or your partner have access to any other money or savings?**

**If yes**, please tell us how much and where this is held, for example, a bank account, bonds, shares or credit union.

No   
Yes

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**Your Partner** (only if you share a home)

No   
Yes

No   
Yes

No   
Yes

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*EVERYONE MUST COMPLETE THIS SECTION*

**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?**

No

Yes

No

Yes

If yes, please tell us more about this.

**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?**

**Crisis Grant – only complete this section if you are applying for a Crisis Grant**

**Tell us what has happened**

In the box opposite, please tell us what happened:

[Large empty text box for describing the crisis]

When did it occur?

[Date input box: / / ]

**What do you need to help overcome this crisis? Please tell us how many days you think you will need help for, and any specific items which may help you overcome the crisis.**

For example, financial help to buy food or pay for heating, or items such as a cooker or furniture, following a disaster.

[Large empty text box for describing needs and items]

**Has any money been lost or stolen?**

Lost  Amount £   
Stolen  Amount £

If reported to the Police, which station did you report this to, and what is the Incident Number

**Do you use a gas or electricity pre-payment meter?**

No   
Yes  How many days will your credit last?

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### 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.)

**What is the risk or danger to you or your family's health and safety if you do not receive help?**

**If there's been a disaster, do you hold household insurance and have you made a claim?**

No

Yes

Amount applied for £

Amount agreed £

Amount received £

**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**

**Please tell us why you need to set up home or stay in the community.**

**Are you planning to move?**  
 If yes, please tell us the address you are moving to:

No

Yes

Postcode

**What type of property is this?**  
 Please tick the box that applies.

Council tenancy

Privately rented

Housing Association (rented)

Owner occupied

Supported accommodation

Other (please describe)

**Have you been homeless, or had an unsettled way of life?**

If yes, can you tell us more about this?

No

Yes

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### 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.)

**Are you following a programme of support to help you re-settle in the community after an unsettled way of life?**

If yes, what does this involve and why are you following it?

No

Yes

**Are you leaving care?**

If yes, can you tell us more about this, for example, what type of care institution was this and how long you were there?

No

Yes

**Are you applying as a family facing exceptional pressure?**

What is the pressure you are under, what is the impact to you and your family including any children in the household?

No

Yes

**Do you need help to care for a prisoner or young offender on temporary release?**

If yes, please provide some information about them.

No  Yes

Name

Name of Institution

Date of Birth

When does leave start?

Their relationship to you?

When does leave end?

Prisoner Number

**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?

**PART 4 Other Information**

**Have you received a Crisis Grant in the last 12 months?**

**If yes**, please tell us, what help you received and how your circumstances have changed since the last application.

No   
Yes

**What will happen if you don't get a grant?**

**Do you or anyone named in the application have any health issues, such as a physical impairment, mental health problem, a recognised disability or chronic illness?**

**If yes**, please tell us more about these.

No   
Yes

**Do you or anyone named in the application have problems with addictions or substance misuse?**

**If yes**, please tell us more about this.

No   
Yes

**PART 4 Other Information (contd.)**

**Do you or anyone named in the application have problems caused by age?**

No   
Yes

If yes, please tell us more about these.

**Have you or anyone named in the application recently been homeless?**

No   
Yes

If yes, please tell us about this, including the period this occurred.

**Have you or someone named in the application had a significant change in circumstances, for example, recent eviction or fleeing violence?**

No   
Yes

If yes, please tell us about this.

**Is there any other information you think we should know about?**

If you run out of space here, please continue on page 20.

**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.

- Debt Advice
- Money Management
- Benefit Advice

Would you be happy to be contacted by organisations delivering these services?

No

Yes



**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 code

Account number

Building society roll or reference number

**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.

Signature

Date

Print your Name

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

**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:

  
  

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.

Signed

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### 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	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Other Christian	<input type="checkbox"/>	Pagan	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Other (please complete)	<input type="text"/>
Roman Catholic	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>		

#### What is your ethnic group? (Please tick which applies)

<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	Bangladeshi, Bangladeshi Scottish or Bangladeshi British
<input type="checkbox"/>	Other British	<input type="checkbox"/>	Chinese, Chinese Scottish or Chinese British
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other Asian, Asian Scottish or Asian British
<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>	African, African Scottish or African British
<input type="checkbox"/>	Polish	<input type="checkbox"/>	Other African Caribbean, Caribbean Scottish or Caribbean British
<input type="checkbox"/>	Other white ethnic group	<input type="checkbox"/>	Black, Black Scottish or Black British
<input type="checkbox"/>	Mixed or multiple ethnic group	<input type="checkbox"/>	Other Caribbean or Black
<input type="checkbox"/>	Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>	Arab, Arab Scottish or Arab British
<input type="checkbox"/>	Indian, Indian Scottish or Indian British	<input type="checkbox"/>	Other (please complete) <input type="text"/>

#### 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

**Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?**

No  Yes

**If yes**, does this condition or illness affect you in any of the following areas?

Please 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 Aspergers' syndrome)
- Other (please complete)

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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?**



# The Scottish WELFARE FUND



## Version 2/Issue 2

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

Scottish Welfare Fund  
Finance and Customer Services  
PO Box 19078  
Motherwell  
ML1 9DU

0300 555 0405  
[swf@northlan.gov.uk](mailto:swf@northlan.gov.uk)

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