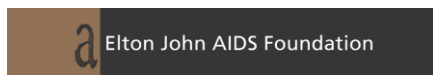




The Crusaid Hardship Fund in Scotland

Application Form

The Crusaid Hardship Fund is supported by The Elton John AIDS Foundation and the MAC AIDS Fund



Confirmation of HIV status

Medical confirmation of your clients HIV health status must accompany all new applicants, and must be from a UK sourced HIV or GUM clinic (photocopy accepted). Alternatively, a completed and validated Waverley Care mandate form can be accepted as confirmation. You can check with the Hardship Fund directly by email (crusaid@waverleycare.org) if your client has applied before. You should include their full name and date of birth and use the subject header "Client Eligibility".

Client details

Forename: _____

Surname: _____

All middle, other names and aliases: _____

Gender: Female / Male

Date of Birth: ___ / ___ / _____

Address: _____

Town / City: _____

Post Code: _____

Daytime Telephone: _____
(Needed for White Goods Applications)

Referrer details

Forename: _____

Surname: _____

Job Title: _____

Organisation: _____

Address: _____

Town / City: _____

Post Code: _____

Telephone Number: _____

Email: _____

@ _____

Statistical information

Complete both the **Ethnic group** and **Immigration status** parts carefully and correctly. It is particularly important that you are accurate when stating your client's immigration status. This information is used only to monitor the disbursement of the Fund and to forecast grant trends so we can plan for the future. The information you give here will not affect the outcome of the application. If your client prefers not to provide this information then you should tick the 'decline to answer' box.

Ethnic group

- Asian British
- Black British
- White British
- Northern Irish
- South Asian
- East Asian
- East African
- Central African
- North American
- Southern African
- North American
- South / Central America
- Caribbean
- Middle Eastern
- Mixed Race
- Non- British European
- Other
- Decline to Answer

Non-British European?
Identify European country here:

Other Ethnic group?
Identify here:

Immigration status

- United Kingdom National
- European Union National
- Asylum seeker
- Rejected Asylum Seeker
- Refugee
- Overstay
- Compassionate leave
- Indefinite / Limited leave
- Article 3 Applicant
- Work / Student Visa
- Dependants Visa
- Awaiting Appeal
- Other
- Decline to Answer

Immigration Status not listed (Other)?
Identify here:

Additional client details

Don't guess! Use the information of Heath Authorities / Local Authorities listed in the guidance notes - see Page 13.

Clients' Health Authority Clients' Social Service Authority **Accommodation**

Select either 'Temporary' or 'Permanent', and then type of accommodation from the list below.

Page 4Temporary Permanent

If accommodation type not listed then specify in other.

- | | | | | | |
|---------------------|--------------------------|--------------------|--------------------------|-----------------------|--------------------------|
| Council | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | Supported Residential | <input type="checkbox"/> |
| Housing Association | <input type="checkbox"/> | Family / Relatives | <input type="checkbox"/> | Homeless / NFA | <input type="checkbox"/> |
| Private Rented | <input type="checkbox"/> | Friends | <input type="checkbox"/> | Destitute | <input type="checkbox"/> |
| NASS/Asylum | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |
| Owner Occupied | <input type="checkbox"/> | Student | <input type="checkbox"/> | | |

Other:

NFA, No Fixed Abode

Household

Select one option from the list below.

- | | | | | | |
|----------------------|--------------------------|------------------------------------|--------------------------|---|--------------------------|
| Lives Alone | <input type="checkbox"/> | Lives with Carer | <input type="checkbox"/> | Living with Parent(s) / Guardian | <input type="checkbox"/> |
| Living with Partner | <input type="checkbox"/> | House / Flat Share | <input type="checkbox"/> | Child living with Parent(s) / Guardian ⁽¹⁾ | <input type="checkbox"/> |
| Single Parent Family | <input type="checkbox"/> | Prisoner / Detainee ⁽²⁾ | <input type="checkbox"/> | Living with Relative / In-Law | <input type="checkbox"/> |
| Two Parent Family | <input type="checkbox"/> | | | Other (specify) | <input type="checkbox"/> |

Other:

If household type not listed then specify at other.

(1) See page 4 of the Guidance Notes (Who can apply for Funds?) for an application for a child/children.

(2) See page 4 of the Guidance Notes (Who can apply for Funds?) for an applications for a Prisoner/Detainee.

Funding Requests

The purpose of the Hardship Fund is to assist where a specific, HIV-related need (**not want**) presents itself. It can't fill gaps in statutory funding or help provide luxury goods. As with any charitable resource, available funds are limited. Applications are appropriate when:

all other avenues have been researched and sourced (this means that if the client is eligible to apply for statutory funds (monies from the State) then an application should have been made and an outcome known before approaching the Hardship Fund, with evidence enclosed).

Clients are advised to seek the services of professionals to assist with applications to sources of funding as detailed below.

IMPORTANT NOTE:

If your client is eligible to apply to the **Social Fund Community Care Grant scheme**, or to their **Local Authority**, or the **Children With Aids Charity (CWAC)**, for assistance for an item or service which is related to an application request with the Crusaid Hardship Fund, but has not or has applied to those funds and/or the outcome is not known, then it is **highly unlikely** that the Hardship Fund will support their application – there will be **NO AWARD**.

If your client **has** applied to any of the above, and a copy of the outcome letter (either successful or unsuccessful) **has been omitted**, then the Hardship Fund cannot take their application into consideration. **Document evidence must be provided.**



For clients to be eligible to apply for a Community Care Grant, they must be in receipt of a qualifying benefit, which includes: Income Support, income-based Job Seekers Allowance (JSA), income-related Employment and Support Allowance (ESA), and Pension Credit. Eligibility also includes persons who are due to leave institutional or residential care (within 6 weeks of their application for a CCG). There are other conditions which apply to eligibility, professional advice should be sought.

For eligible clients; has an application been made for this item from the Social Fund? No Yes

If Yes, Include a copy (all the pages) of their outcome letter as evidence (also see page 14 of Guidance Note).

Funding Requests (continued)

Residential Respite Care

All applications for assistance with funding towards Residential Respite Care needs to be preceded (and outcome known) with an application to the clients Local Authority (usually through Social Work / Social Services Departments) for an assessment in accordance with the NHS & Community Care Act 1990.

The Act states that it is the duty of local authorities to assess people for social care and support. This is to ensure that people who need community care services or other types of support get the services they are entitled to. Clients have their needs and circumstances assessed and the results determine whether or not care or social services will be provided

Has an application been made for this service from their Local Authority? No Yes

If Yes, Include a copy of the relevant assessment documentation as evidence.

Children With Aids Charity (CWAC)

If an application is for a child or children, or for children's items, then an application needs to be made to the Children With Aids Charity and the outcome needs to be know before approaching the Hardship Fund

Has an application been made to the Children With Aids Charity? No Yes

If Yes, Include a copy of outcome letter as evidence (also see page 4 of Guidance Notes). CWAC helps families of those infected and affected by HIV.

Other State or Charitable Funds

If your client has sought assistance related to the service or item requested, to this application form elsewhere: either from the State or another charitable source, then you can include those details here.

Has there been an application for assistance elsewhere? No Yes

Name of organisation: _____

When was that? ___ / ___ / _____ Outcome of that application £ _____ (see page 14 of Guidance Notes).

Assistance level worksheet

Step 1

If your client has made a joint state benefit claim with their partner then tick this box and complete STEP 2 and STEP 4 as appropriate.

Step 2 Client's Income

Income Support / JSA	£
Incapacity Benefit / ESA	£
Child Benefit	£
Child Tax Credits	£
Working Tax Credits	£
NASS / Vouchers	£
Asylum Payment	£
DLA - Mobility	£
DLA - Care	£
Pensions	£
Independent Living Fund	£
Wages	£
Other Income	£
TOTAL WEEKLY INCOME	£

See special note on page 17 of Guidance Notes about DLA Discounting

This section should record the details of your client's weekly income (after tax and national insurance have been deducted) and include **documented evidence** of the income detailed. Examples of this evidence could include:

- photocopies of recent wage slips **or**
- photocopies of recent bank statements **or**
- photocopies of recent benefit / tax credit award letters **or**
- photocopies of vouchers

If your client receives Child Tax Credits you should detail that amount as indicated, but do not count it in the total weekly income calculation; the Hardship Fund does not count Child Tax credits as income.

Client Savings: £

A

Divide any joint savings with partner in half and include it in the Total Weekly Income calculation.

Step 3

If the Client shares household expenses with a partner **go to step 4** (on page 8)

If the Client does *not* share household expenses with a partner **go to step 5** (on page 9)

**FOR
HARDSHIP
FUND
USE
ONLY**

Step 4 Partner's Income

Partner's full name

DOB: ___ / ___ / ____

Income Support / JSA

£

Incapacity Benefit / ESA

£

Child Benefit

£

Child Tax Credits

£

Working Tax Credits

£

NASS / Vouchers

£

Asylum Payment

£

See special note on page 17 of Guidance Notes about DLA Discounting

DLA - Mobility

£

DLA - Care

£

Pensions

£

Independent Living Fund

£

Wages

£

Other Income

£

TOTAL WEEKLY INCOME

£

£

B

This section should record the details of your **client's partners** weekly income (after tax and national insurance have been deducted) and include **documented evidence** of the income detailed. Examples of documented evidence of income include:

- photocopies of recent wage slips **or**
- photocopies of recent bank statements **or**
- photocopies of recent benefit / tax credit award letters **or**
- photocopies of vouchers

If your clients partner receives Child Tax Credits you should detail that amount as indicated, but do not count it in the total weekly income calculation, as the Hardship Fund does not count Child Tax credits as income.

Partners Savings:

£

Divide any joint savings with client in half and include it in the Total Weekly Income calculation.

**FOR
HARDSHIP
FUND
USE
ONLY**

If you require assistance to complete this or any part of the application form, including the Waverley Care mandate form, then you are invited to call the referring agent helpline. The helpline service is for registered referring agents only and operates **Tuesday to Friday from 1pm to 4pm on 0131 652 3250** (answering machine out with these times), alternatively you could email anytime crusaid@waverleycare.org

NOTE: If the documents supporting your clients Rent or Mortgage and Council Tax payments are omitted from this application, the Hardship Fund cannot discount them. This may cause this application to be assigned to a lower priority Assistance level, resulting in either a **lower award or no award**.

Step 5

Housing costs and Council Tax contributions

This is the client's WEEKLY contribution to their Rent or Mortgage and Council Tax.

Only include payments made by the client. Payments which are deducted directly from State Benefits should not be recorded.

Rent or Mortgage £ Council Tax £ Total Housing contribution £ **C**

Step 6

Children

Only record details of children under 16 (or 16-18 and in full-time education) who are **resident in the household**. If there are more than 4 children then you should record their full details in your **letter of support**.

First Name	Middle Names	Last Name	DOB	Female	Male
			/ /	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>

Number of Children

Record here the total number of resident children.

Step 7

Final calculations

To calculate your clients' WEEKLY disposable income, add total **A** and **B** (from steps 2 and 4) then subtract total **C** (from step 5).

£ **A**
 +
 £ **B**
 £ - £ **C** = £ **D**

Using the income at **D**, and the number of resident children, you can now work out which Assistance level your client is assigned to from the Assistance level table on the back page (page 14).

Assistance level 1

Not eligible for assistance from the Fund except on appeal.

Referring agents are required to contact the Hardship Fund before application. Email anytime to crusaid@waverleycare.org or by telephone 0131 652 3250 to discuss the feasibility of an application for this client.

Please see support note 1.

Assistance level 2

One award per 12-month cycle

You are required to contact the Hardship Fund before application. Email anytime to crusaid@waverleycare.org or by telephone 0131 652 3250 to discuss the feasibility of an application for this client.

Select **one** item from the list: Respite, Start-up Grant, One-off Expense, Utility Payment, or White Goods and where indicated enter the amount request.

Request for:

- | | | | |
|--------------------------|------------------------|---|---------------------|
| <input type="checkbox"/> | Respite | £ | Read support note 2 |
| <input type="checkbox"/> | Start-Up Gant | £ | Read support note 3 |
| <input type="checkbox"/> | One-off Expense | £ | Read support note 4 |
| <input type="checkbox"/> | Utility Payment | £ | Read support note 5 |

White Goods Read support note 6

Identify **one** item from the list below and detail the space dimensions in your letter of support.

<input type="checkbox"/> Cooker (electric)	Identify the type of oven/grill for cooker.		
<input type="checkbox"/> Fridge	<input type="checkbox"/> Split Oven/Grill	<input type="checkbox"/> Combination Oven/Grill	<input type="checkbox"/> Microwave Oven
<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Freezer	<input type="checkbox"/> Fridge Freezer	<input type="checkbox"/> Other (detail in supporting letter)
	<input type="checkbox"/> Tumble Dryer		

Support Notes

The Guidance Notes provide a further explanation to complement these support notes, all agents are requested to refer to them in the first instance then contact the Hardship Fund administration for further assistance if required.

Support Note 1

Clients assigned to this level will only be eligible for support through the appeals process. If you believe that your client has a **NEED** that will not be supported from statutory sources and you can demonstrate exceptional circumstances (explain why the client cannot meet this need from their current income). Additionally, you are required to contact the Grants Administrator to discuss, before submission of an application; failure to do so will result in automatic rejection of the application (see pages 10 and 11 of Guidance Notes).

Support Note 2

If you are requesting a stay at a Residential Respite Care (RRC) unit please identify in the supporting letter whether or not a place has been offered and any provisional dates. Awards for RRC are made payable to the RRC provider only.

If you are requesting a contribution towards a Respite Break then a full quotation for how and where the respite will be taken and a medical or social justification should be made in the supporting letter, accompanied by relevant support documentation (see page 7 of Guidance Notes).

Support Note 3

Start-up Grants are only available for a client taking possession of independent property (not supported accommodation). A copy of their tenancy agreement **MUST** accompany the application. Awards in this category can cover items such as: key deposits, decoration, floor covering, furniture, white goods, and other kitchen items. You must state which item(s), in your letter of support. (see pages 6, 7 and 16 of Guidance Notes).

(Continued over)

Assistance level 3

Select **one** item from the list: Respite, Start-up Grant, One-off Expense, Utility Payment, White Goods, or Ordinary Living Expenses and where indicated enter the amount request.

Request for:

- Respite** £ Read support note 2
- Start-Up Gant** £ Read support note 3
- One-off Expense** £ Read support note 4
- Utility Payment** £ Read support note 5

White Goods Read support note 6

Identify **one** item from the list below and detail the space dimensions in your letter of support.

		Identify the type of oven/grill for cooker type	
<input type="checkbox"/> Cooker (electric)	<input type="checkbox"/> Cooker (gas)	<input type="checkbox"/> Split Oven/Grill	<input type="checkbox"/> Combination Oven/Grill
<input type="checkbox"/> Fridge	<input type="checkbox"/> Freezer	<input type="checkbox"/> Fridge Freezer	<input type="checkbox"/> Microwave Oven
<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Tumble Dryer	<input type="checkbox"/> Other (detail in supporting letter)	

Ordinary Living Expenses £ Read support note 7

Indicate below all the items for which the amount above is most needed.

- Food
- Travel
- Toiletries
- Clothing
- Bedding
- Children's Items

REMINDER: Be careful when selecting the item request of Clothing, Bedding and Children's Items, as this could have consequences related to the outcome of this application for eligible clients who have not sourced those funds, outcome known and evidence provided. (see page 7 of the guidance notes).

Support Note 4

All requests for a one-off expense must be **FULLY** explained in the supporting letter. A clear 'case' for such an award needs to be made. Don't confuse a One-off Expense with Ordinary Living Expenses (see page 6 of Guidance Notes).

Support Note 5

Utility payments can be supported, only when a copy of the bill accompanies the application. If the bill is not in the name of the client then please explain why. For clients with Key/Card meters a payment can be made (see page 8 of the guidance notes).

Support Note 6

Detail in your letter of support the space available for the white goods requested in centimetres (depth, height and width). **Awards will be allocated on need not want;** explain this to your client (e.g., if your client is a single person then the goods supplied will be for a single person, and so on). Brand or colour of an item holds **no priority** for the Fund. For further information contact the Grants Administrator.

Support Note 7

The standard maximum award in an application for ordinary living expenses for clients assigned to assistance level 3, for single persons is £100. Consideration can be given (**you need to ask**) for couples and people with children to access a higher awards in that application (e.g. lone parents with one child could access £150, with 2 children could access £200 etc). Please note however that these are guide amounts. The Hardship Fund does not make any promise or guarantee of these amounts. Additionally, referring agents should note that the **case** that they make to support their client for an award greatly influences awards amounts.

Support Note 8

This payment is for applicants who have no income whatsoever. This type of award is treated like Ordinary Living Expenses, read Support Note 7 and page 7 and 8 of the Guidance Notes.

Assistance level 4

Only for those who have **NO INCOME** Read support note 8.

Subsistence Payment

£

Identify all items from the list below which are most needed from the payment above.

Food

Travel

Toiletries

CHECKLIST

On page 13 is a check list.

Use it to check the form before submitting this application.

Cheque Payee Detail:

White Goods are payable to Comet PLC, Utility Payments are payable to the Utility Company and Respite payments are payable to the Respite centre; otherwise record the clients name, agency name or any other client nominated name.

Referrers' declaration

- I confirm that to the best of my knowledge and belief, all the information recorded in this application form is complete and correct.
- I understand that if the information recorded in this form is found to be false and knowingly incorrect, I may be ineligible to act as a referring agent for future applicants.

Signature:	<input type="text"/>	Date:	/ /
------------	----------------------	-------	-----

Clients' declaration

- I confirm that to the best of my knowledge and belief, all the information recorded in this application form is complete and correct.
- I understand that some details may be discussed with other grant-giving organisations.
- I understand that missing documents especially those pertinent to supporting my income means that my application may be rejected
- I understand that I have no guaranteed right to these funds.

Signature:	<input type="text"/>	Date:	/ /
------------	----------------------	-------	-----

The current policy for applications with missing information (i.e. sections which have not been completed) is to return the application to the referring agent. If there are missing signatures the application will be sent back for completion. Avoid additional delay and check the form thoroughly before submitting it.

Checklist

If it helps you check through this application before you submit it then you can use the list below.

The only page on the form which is optional.


Page 2	Client / referrer	<input type="checkbox"/>
Page 3	Statistical Info	<input type="checkbox"/>
Page 4	Health/Local Authority	<input type="checkbox"/>
	Accommodation	<input type="checkbox"/>
	Household	<input type="checkbox"/>
Page 5	DWP, Social Fund	<input type="checkbox"/>
Page 6	Residential Respire Care	<input type="checkbox"/>
	Children With Aids Charity	<input type="checkbox"/>
	Other State funds/Charitable funds	<input type="checkbox"/>
Page 7	Clients income details (documents enclosed)	<input type="checkbox"/>
Page 8	Clients partners income details (documents enclosed)	<input type="checkbox"/>
Page 9	Housing costs (documents enclosed)	<input type="checkbox"/>
	Children's details	<input type="checkbox"/>
	Income calculations	<input type="checkbox"/>
Page 10	Application Request: level 1, level 2	<input type="checkbox"/>
Page 11	Application Request: level 3	<input type="checkbox"/>
Page 12	Application Request: level 4	<input type="checkbox"/>
	Cheque details	<input type="checkbox"/>
	Referrers signature and date	<input type="checkbox"/>
	Clients' signature and date	<input type="checkbox"/>

If you require assistance to complete any part of the application form, including the Waverley Care mandate form, or if you have a specific query then you are invited to call the referring agent helpline.

The helpline service is for registered referring agents only and operates **Tuesday to Friday from 1pm to 4pm on 0131 652 3250** (answering machine out with these times), alternatively you can email anytime crusaid@waverleycare.org

Assistance Level Table

The figures in the table are valid only from April 2009 to March 2010

Households With		Assistance Level 1	Assistance Level 2		Assistance Level 3	 For clients to be assigned to Assistance Level 4, they should not be in receipt of any income: No State Benefits, No NASS or Voucher payments.	Assistance Level 4
		Weekly Income Greater than	Weekly income less than	Weekly Income Greater than	Weekly income Equal to or less than		No Income
Single Adult	No Children	£240.85	£240.85	£110.45	£110.45	No Income	
Lone Parent	1 Child	£260.85	£260.85	£130.45	£130.45	No Income	
	2 Children	£274.05	£274.05	£143.65	£143.65	No Income	
	3 Children	£287.25	£287.25	£156.85	£156.85	No Income	
	4 Children	£300.45	£300.45	£170.05	£170.05	No Income	
Couple	No Children	£481.70	£481.70	£220.90	£220.90	No Income	
Couple	1 Child	£501.70	£501.70	£240.90	£240.90	No Income	
	2 Children	£514.90	£514.90	£254.10	£254.10	No Income	
	3 Children	£258.10	£258.10	£267.30	£267.30	No Income	
	4 Children	£541.30	£541.30	£280.50	£280.50	No Income	



This is how your client's Assistance Level is calculated



All clients who are supported by NASS are assigned to Assistance level 3



Assistance Level	State Benefit	Value
Level 3	Personal allowance (single aged 25 or over)	£64.30
	Disability Premium (single)	£27.50
	DLA Care / Mobility Low Rate Component	£18.65
	TOTAL	£110.45
Level 2	Personal allowance (single aged 25 or over)	£64.30
	Disability Premium (single)	£27.50
	Severe Disability Premium (single)	£52.85
	DLA Care Middle Rate Component	£47.10
	DLA Mobility High Rate Component	£49.10
	TOTAL	£240.85

Child Benefit	
Only / Eldest Child	£20.00
Other Children	£13.20

FYI: Current NASS rates	
Qualifying couple	£66.13
Single Parent (18 or over)	£42.16
Single Person (25 or over)	£42.16
Single Person (18 - 24)	£33.39
Single Person (16 - 17)	£36.29
Single Person (under 16)	£48.30