



Multiple Sclerosis Society

Individual Support Grant Application Form

The MS Society provides grants to people with MS for items needed as a direct result of their MS, for which there is no health or social services funding available. The MS Society also has a Carers Fund and a Short Breaks and Activities Fund, which have separate guidelines and application forms – please contact the Grants Team for more information.

What we can help with

The MS Society will consider requests for help with items including home adaptations, wheelchairs, scooters, specialised beds and chairs, Motability advance payments, car adaptations, driving lessons, disability-related removal costs, some clinical / communication aids, computers and bankruptcy fees. Consideration may be given to requests for other items; please contact your local MS Support Volunteer or the Grants Team for more information.

We cannot assist with requests involving long-term financial commitments, daily living costs or debt repayments.

Please note that the MS Society will not award grants retrospectively. This means that the MS Society will not consider requests for purchases already made in full or in part, or for which a deposit has been paid or an order placed. Do not make any payments before we have considered your application. Please contact the Grants Team if you are being asked to make a payment.

How to apply

Please complete this application form, using additional paper if needed. Attach a letter of support and, where possible, two quotes for the cost of the item required, along with evidence of your benefit entitlement, if relevant. Please use the checklist on page 7 to make sure you include all the information needed. Please keep a copy of the application form and supporting documents for your reference.

Please return the completed application to your local branch:

Your local MS Society branch is

Branch contact number

MS Support Volunteer

Address to return form

Once your branch has considered the application a grant may be offered from local funds. If your branch is unable to help with the total amount requested, your application form will be forwarded to the Grants Team to be considered for funding. Your application will be treated in confidence. Please allow at least six weeks for your application to be processed.

Letter of support

Your application will need to be supported by a letter from a relevant professional. This should confirm your diagnosis of MS, outline your need for the item requested, confirm that the item is suitable for you and give details of any statutory funding if relevant.

For home adaptations, wheelchairs and specialist chairs or beds, please include a copy of an assessment or a letter from your occupational therapist (OT). If you are requesting help towards your assessed contribution to a Disabled Facilities Grant or Home Adaptations Grant, please also include confirmation of the contribution.

For Motability advance payments please include a letter of support from your OT or MS nurse, along with a letter from Motability or the dealership confirming that there are no vehicles with nil advance payments that will meet your needs.

For exercise equipment, please include a copy of an assessment or a letter from your physiotherapist.

For bankruptcy or DRO fees, please also include a letter of support from your social worker or debt advisor. You must be able to show that you have taken advice about your debts.

For other items, please include a letter from your MS nurse, social worker or other professional as appropriate. Please contact us if you are unsure about who to ask for your letter of support.

Household saving limits

Please note that the MS Society is unable to consider requests for financial assistance from applicants with over £16,000 in savings, after any personal contribution toward the cost of the request has been taken into consideration. We would expect applicants with over £8,000 in savings to make a contribution toward the cost of the request.

Statutory funding

Where appropriate we require that statutory funding is explored before you apply for a grant. For example you may find that you are entitled to a grant from your local authority for help with home adaptations, or your local wheelchair service may be able to help with the cost of a wheelchair. In all instances you should contact your social worker or occupational therapist to discuss this further. Failing this, ask your MS Support Volunteer or the Grants Team for information about statutory funding.

Contact us

If you have any queries regarding your application please contact the Grants Team at the address below.

MS Society

MS National Centre

372 Edgware Road

London

NW2 6ND

Tel: 020 8438 0700

Email: grants@mssociety.org.uk

Part 1. About the applicant

Title First name Surname

Address

Email

Home telephone Mobile telephone

Date of birth Age

The MS Society is committed to helping all people with MS and equal consideration will be given to each application, whether from a member or non-member of the Society.

Are you a member of the Society? Yes No

Have you been diagnosed as having MS? Yes No

If yes, what year was the diagnosis made?

Please give the name and address of your doctor. We will not contact your doctor without your consent.

Do you live alone? Yes No

Do you have a spouse/partner? Yes No

What is their name? (optional) What is their date of birth?

Do you have any children living at home? Yes No What are their ages?

Is your home:

Owner occupied Privately rented Council Housing Association Other

Part 2. What would you like to request a grant for?

Part 3. Total cost and details of contributions

TOTAL COST OF ITEM		Details of trusts and charity contributions
Applicant's contribution (and family / friends if relevant)		
Disabled Facilities Grant or Home Adaptations Grant		
Social Services		
Health Authority		
Wheelchair Service		
Trusts and charities (please give details opposite)		
Other contributions		
Total contributions		
AMOUNT OUTSTANDING		

Part 4. Your savings

Do you have any accessible savings, capital or investments? Yes No

If yes, please give details. If you are making a contribution from your savings, please indicate the amount remaining. We will not consider grants for applicants with over £16,000 in savings.

Type (current account, ISA, premium bonds etc)	Amount

Part 5. Your income

Please tick the relevant boxes to confirm whether you or your spouse / partner receive any of the following non means tested benefits and circle the rate you receive.

- Disability Living Allowance (DLA) care component [lowest / middle / highest]
or Personal Independence Payment (PIP) daily living component [standard / enhanced]
- DLA mobility component [lower / higher] or PIP mobility component [standard / enhanced]
- Attendance Allowance [higher / lower]
- Carer's Allowance

If you get one of the following **means tested benefits**, please tick the relevant box **and attach evidence of this**. Please note that contributory ESA / JSA are not means tested benefits. If you are not sure, please contact the Support Volunteer at your branch or the Grants Team.

- Income Support
- Income-related Employment and Support Allowance (ESA)
- Income-related Job Seeker's Allowance (JSA)
- Guarantee Pension Credit

Please give details of your **household** income and outgoings, this will help us to ensure you are receiving all the benefits and other income that you are entitled to. DLA / PIP and Attendance Allowance will not be considered as income. **You do not need to complete this section if you receive a means tested benefit and have attached evidence.**

Please indicate whether you are using weekly or monthly figures Per week Per month

Income	£
Earnings of applicant	
Earnings of spouse / partner	
Statutory sick pay	
Job seeker's allowance	
SDA / Incapacity benefit / ESA	
Working tax credit	
Child tax credit	
Child benefit	
Carer's allowance	
Universal credit	
State retirement pension	
Occupational / private pension	
Savings pension credit	
Any other income	
(please list below)	
TOTAL INCOME	

Outgoings	£
Mortgage / endowment	
Rent (after benefit)	
Council tax (after benefit)	
Water rates	
Housekeeping (food etc)	
Gas / electric / fuel	
Phone / internet	
TV	
Loans, debts, hire purchase	
General insurance (not NI)	
Car / travel	
Care / assistance costs	
Prescription costs	
Other outgoings	
(please list below)	
TOTAL OUTGOINGS	

Please use this space to mention anything else about your income, outgoings or savings which might be relevant.

Part 6. Grants from other sources. To allow us to use the MS Society's resources to the greatest effect, we work with other grantmaking bodies and benevolent funds to share costs where appropriate. To help us do this, **please complete the following details for yourself and your spouse / partner even if you have not worked for several years.** Occupational benevolent funds will sometimes help the spouse / partner of an employee, and may still help if that employee is now deceased, so this information is helpful in identifying other sources of funding.

Information in this section is only used with your permission to identify and approach other sources of funding and does not form part of your application to the MS Society.

Your present or most recent occupation and employer:

Occupation _____ Dates of employment _____

Employer _____

Your spouse / partner's present or most recent occupation and employer:

Occupation _____ Dates of employment _____

Employer _____

Please list any other occupations you and / or your spouse / partner have had in the past.

Please give dates or an estimate of number of years worked if possible.

You _____

Spouse / Partner _____

If you, or a member of your family has been in the armed forces, please give details.

Name _____ Service _____

Rank and number _____ Period of service _____

Relationship to you _____

If you have been a member of a Trade Union or professional association, please give details.

Trade Union / professional association _____

Period of membership _____

Current Member? Yes No

What is your place of birth? _____

I give the MS Society permission to use this information to seek funds from other organisations in relation to this application.

Signature _____ Date _____

Part 7. Data Protection – How we will use your information

The MS Society, its employees and volunteers, will keep your personal details and those of your spouse / partner secure. The information given on this form will only be used to consider your application for financial assistance, which may include checking whether any statutory sources of funding are available. We may contact your occupational therapist, social worker or other health or social care professional if we feel they can give more supporting information. In some cases we may share the information you have given with other funders in our attempts to secure additional funding for you. Your information will not be shared with any other third party without your consent.

Declaration

If you are completing the form yourself, please sign section (a).

If someone else is completing the form on your behalf, they should sign section (b).

To the best of my knowledge, the information supplied in this application is correct. I have read, understood and accept the Data Protection statement above.

(a)

Please print name

Signature

Date

(b)

Full name

Relationship to applicant

Address (if different to above)

Telephone

Signature

Date

Part 8. Checklist

Please ensure that you enclose all the supporting information requested with your application form, as your application will be delayed without it. Copies are acceptable and any original documents will be returned to you if requested.

Letter of support (please see guidance notes on page 2 for more details)

Quotes (ideally at least two) for the item you are requesting help for

Confirmation of your **means tested benefit**, if applicable

Confirmation of your contribution to a Disabled Facilities Grant or Home Adaptations Grant, if applicable

Please check page 1 for details of where to return this completed form and supporting information.

For MS Society branch use only

Please remember that branch grants should be made available to all people affected by MS, not only members of the MS Society. If you need any advice please contact the Grants Team.

Branch name _____

Is the applicant a member of your branch? Yes No

Has the applicant been visited by an MS Support Volunteer to discuss this application?

Yes No If yes, date of visit _____

Please give any other information you feel would be helpful. It is important that we have as much information as possible and why you feel it should, or should not, be funded. If your branch supports the application but is not willing to make a financial contribution please explain why. Please continue on a further sheet if necessary.

Branch recommendation. Please tick the relevant box and sign the declaration.

This application **IS** supported by the Branch and is recommended for assistance from national grant funds.

This application **IS NOT** supported by the Branch and is not recommended for assistance from national grant funds.

Name _____ Position held _____

Signature _____ Date _____

Please specify how much is currently held in your branch accounts, and whether any of this is set aside for particular purposes. The main purpose of the national grant funds is to supplement branch funds and it can be applied to when a branch does not have sufficient funds to meet a particular need. Please remember that the national funds are also limited and we may on occasion ask your committee to increase its contribution if your funds permit it.

Branch reserves and comments	£
BRANCH CONTRIBUTION	£
AMOUNT REQUESTED FROM NATIONAL GRANT FUNDS	£