

Health and Wellbeing Grant Application Form



Our **Health and Wellbeing Grants** can support you in lots of different ways, from having a respite break to making adaptations to your home. For a list of things our grant can help with, please see the Guidance Notes. Please note, throughout this form we will always use the word 'item' when we talk about your request.

How to apply

To apply for a Health and Wellbeing Grant, please complete this application form. You will also need to send us a letter of support, and quotes for the item you are requesting.

To help you complete your application, we have produced Guidance Notes to explain what information we need from you and why. Please read the Guidance Notes thoroughly when you fill out this form. This will help you make sure you meet the eligibility criteria, and that you provide us with all the information we need.

We are not able to process incomplete applications. If your application is incomplete it will be returned to you. If you need assistance in completing the application form, please contact our Supporter Care Team on 0300 500 8084.

If you do not have a copy of the Guidance Notes, you can request them from the Supporter Care Team or download them from mssociety.org.uk/grants.

How long will it take to process my application?

We will confirm that we've received your application when it arrives, and will be in touch within four weeks. This may be to ask you for some more information, or to tell you when the Grants Panel will look at your application.

Grant applications are considered monthly, and we will let you know the outcome within a week of the meeting. If we've awarded a grant, we'll contact you about how we'll pay it. Once we have the information we need to pay, it can take up to four weeks for the payment to clear.

This means it can take up to 12 weeks in total. We don't offer emergency grants.

Data protection statement – how we will use your information

The MS Society will hold and use the personal details you have provided on this form to process your application for financial assistance. We may contact your health or social care professional if we feel that they can give more supporting information. In some cases we may share the information you have given with other funders such as statutory or charitable sources to try to secure additional funding for you. We will also use the information you have given to show how our grants programme makes a difference to people affected by MS; to do this, your information will be used anonymously and will be combined with information from other applicants.

We process the personal information provided, including your health data, on the lawful basis of your consent to consider your application for financial assistance. If successful your data will be held by the MS Society for up to seven years as a legal requirement and will not be used for any other purpose.

Yes, I consent to the MS Society processing my data, including my health data as outlined above.

Thank you for trusting us to respect your privacy. We will do all that we can to keep your data safe. You can view our full Privacy Notice at <https://www.mssociety.org.uk/privacy> or call our Supporter Care team for a copy. You can also update your contact preferences by emailing supportercare@mssociety.org.uk or calling 0300 500 8084.

Part 1. About you

If you are applying on behalf of someone, please fill in their details throughout this form and provide your contact details in Part 7, Section B.

a) Contact information

Title / First name

Surname

Address

County

Postcode

Email

Telephone

b) Further details

Date of birth

Have you been diagnosed with MS? ☐ Yes ☐ No

If Yes, what year was the diagnosis made?

Are you the carer of someone with MS? ☐ Yes ☐ No

If Yes, what is your relationship with them?

(For example family member, spouse, friend.)

c) Your household

Do you live alone? ☐ Yes ☐ No

Do you have a spouse or partner? ☐ Yes ☐ No

If Yes, what is your spouse or partner's date of birth?

Do you have dependent children living at home? ☐ Yes ☐ No

If Yes, what are their ages?

Do you live with any other family members not listed above? ☐ Yes ☐ No

If Yes, what is your relationship with them?

Is your home: ☐ owner occupied ☐ privately rented ☐ council
☐ housing association ☐ other

Part 2. Your grant request

a) Please tell us what item the grant is for

Look at our Guidance Notes for the type of things we can help with.

b) Please explain how this specific item will meet your needs

c) Please tell us how this item will help improve your life in the following areas

Our funding for grants is based on the impact they will have on your health and wellbeing. Please complete this section as fully as possible and use the Guidance Notes for help.

How will it improve your mental and physical wellbeing?

How will it improve your independence?

How will it improve your ability to socialise and be part of your community?

Part 3. Costs and contributions

a) What is the total cost of the item?

We cannot consider requests for items that you have already paid for, either in full or in part, including if you have paid a deposit. Please refer to the Guidance Notes for further information.

£

b) Have you applied for any statutory funding for this item?

For certain items statutory funding may be available to you. You will need to have applied for this, as the MS Society will not replace this funding. Please read our Guidance Notes for more information about how this may apply to you.

☐ Yes ☐ No

If Yes, where have you applied to and what was the outcome?

c) Have you applied to any trusts or other charities for funding for this item?

☐ Yes ☐ No

If Yes, where have you applied to and what was the outcome?

d) What is your contribution towards the cost of the item?

I am contributing £

Part 4. Your savings information

Do you have any household savings, for example in a current or savings account, ISA, or Premium Bonds? ☐ Yes ☐ No

If Yes, please tell us below what type of savings you have and the amount.

Type (savings account, current account, ISA, Premium Bonds, investments, other)	
Type	Amount
	£
	£
	£
	£

Part 5. Your household income and outgoings

Please tick the relevant boxes to confirm whether you receive any of the following benefits

- ☐ Disability Living Allowance (DLA) care – lowest rate
- ☐ Disability Living Allowance (DLA) care – middle rate
- ☐ Disability Living Allowance (DLA) care – highest rate
- ☐ Disability Living Allowance (DLA) mobility – lower rate
- ☐ Disability Living Allowance (DLA) mobility – higher rate
- ☐ Personal Independence Payment (PIP) daily living component – standard rate
- ☐ Personal Independence Payment (PIP) daily living component – enhanced rate
- ☐ Personal Independence Payment (PIP) mobility component – standard rate
- ☐ Personal Independence Payment (PIP) mobility component – enhanced rate
- ☐ Attendance Allowance – lower rate
- ☐ Attendance Allowance – higher rate

DLA/PIP and Attendance Allowance are benefits you receive specifically for your care/mobility costs and will not be counted as part of your income.

Your household income and outgoings

Please indicate if you are using weekly or monthly figures: ☐ weekly ☐ monthly

Income

Your earnings	£
Earnings of spouse or partner	£
Statutory or employer sick pay	£
Jobseeker's Allowance (JSA)	£
Employment and Support Allowance (ESA)	£
Incapacity benefit / Income support	£
Working Tax Credit	£
Child Tax Credit	£
Child Benefit	£
Carer's Allowance	£
Universal Credit	£
State retirement pension(s)	£
Occupational or private pension(s)	£
Pension Credit	£
Contribution to your income from family members/lodgers etc	£
Any other income (please list below)	
	£
	£
Total	£

Outgoings

Mortgage/endowment	£
Rent (after benefit)	£
Council Tax (after benefit) / Rates (in Northern Ireland)	£
Total	£

Part 6. Work history

Please complete either Section A **or** Section B below for yourself and your spouse/partner

Section A

If you have never been in paid employment please tick here ☐

If your spouse/partner has never been in paid employment please tick here ☐

Section B

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, and/or your spouse/partner, have been in the armed forces, please give details.

Name

Service

If you and/or your spouse/partner 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

Part 7. 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.

Unsigned forms will not be processed and will be returned to you.

To the best of my knowledge, the information supplied in this application is true, complete and accurate. I am aware that any false or fraudulent statements or claims may result in possible prosecution and will result in the recovery of all grant payments.

Section A

Please print name _____

Signature _____

Date _____

Section B

Full name _____

Relationship to applicant _____

Address (if different to applicant) _____

County _____

Postcode _____

Telephone _____

Email _____

Signature _____

Date _____

Part 8. Your checklist

Please make sure that you enclose all the supporting information with your application form. Use the Guidance Notes to help you. Incomplete applications will not be processed and will be returned to you.

Before you send in your application, please check you have included your:

- ☐ completed and signed application form
- ☐ letter of support from a relevant professional
- ☐ quotes for your item
- ☐ where applicable confirmation of your contribution towards a Disabled Facilities Grant (DFG), or if you're in Scotland a grant from your local council's Scheme of Assistance.

We recommend you make a copy of your application form before you send it to us.

- ☐ If the supporting information you send us includes original documents, please tick this box if you would like us to return them to you.
- ☐ If you do not want your application to be considered by your local MS Society group, please tick here. If you ticked the box, it would be helpful if you could please let us know why in the box below.

Please return your completed application form along with your supporting documents to the Grants Team at:

Grants Team
MS Society
MS National Centre
372 Edgware Road
London
NW2 6ND

Email: grants@mssociety.org.uk