

# Health and Wellbeing Grant Application Form (2023)



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 grants 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

Some local MS Society groups consider grant applications for people in their area, if they have grant funds. Not all of our groups can consider grants at the moment, so if you haven't received this grant application form from your local MS Society group, please contact them **before you fill in this form**, to check they can consider your application.

To apply for a Health and Wellbeing Grant, please complete this application form. You will also need a letter of support, and quotes for the item you are requesting. There is more information about these in the Guidance Notes.

To help you complete your application, please read the Guidance Notes which explain what information we need from you and why. This will help you make sure you meet the eligibility criteria, and that you give us all the information we need.

We cannot process incomplete applications. If your application is incomplete it will be returned to you. If you need help completing the application form, please contact your group.

## What happens next?

Once you have sent a fully completed form, letter of support and two quotes, your group will make a decision and let you know as soon as possible. Our groups are run by volunteers and some are able to meet more often than others to discuss grants, so timeframes can vary. Please check with your group for details, make sure you allow time and bear in mind there could be delays.

If we award a grant, we will need an invoice and will pay direct to your supplier or contractor, so please make sure they will be able to invoice us when you get quotes.

## 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](mailto: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

---

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?

---

### c) Your household

Do you live alone?  Yes  No

Do you have a spouse or partner?  Yes  No

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

**Please tell us what item the grant is for, and how this specific item will meet your needs**

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

**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) Can you pay towards the cost of the item? If yes, how much will you contribute?

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)	
	£
	£
<b>Total</b>	£

### Outgoings

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

## 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:

- fully completed and signed your application form
- included a letter of support from a relevant professional
- included quotes for the item you are requesting
- given your consent for us to process your data by ticking the box on page 2
- where applicable, included 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.

Please return your completed application form along with your supporting documents to