



# MS Research and Relief Fund

*"Supporting people affected by Multiple Sclerosis"*

Benmar House, Choppington Road, Morpeth, Northumberland NE61 2HX

Tel: 01670 505829 Fax: 0191 2475816

Web: [www.ms-researchandrelief.org](http://www.ms-researchandrelief.org) E-mail: [grants@ms-researchandrelief.org](mailto:grants@ms-researchandrelief.org)

## Application for Financial Assistance

Please refer to guidelines before completing this form.

Anybody applying for financial assistance MUST fill in all the required parts of this form providing as much information as possible. An advocate, carer or helper may fill the form in on behalf of a person with MS. Completed forms should be returned to the address above.

**IMPORTANT PLEASE READ OUR GUIDANCE NOTES CAREFULLY BEFORE SENDING IN YOUR FORM.**

### Part 1: Personal details

Title

First names

Surname

Date of Birth

Address

  

Telephone

Post Code

Have you, or the person you are applying for, been diagnosed with MS?

Yes / No

Do you have any children living at home?

Yes / No

Ages of children

Do you live with a partner?

Yes / No

Partners full name

Partners date of birth

Name and Address of GP

(We will only consult them with your consent)

Do we have your permission to contact your GP if necessary?

Yes / No

## Part 2 : Purpose Of Grant Application

For what purpose would grant funds be used? (Tick appropriate box)

Wheelchair

Aids / Equipment

Home adaptations

Respite Care

Other

XXXXXX

Please provide further information on the item in the space below. You can also use the space to give any details you feel are relevant to your application. The more information we have, the sooner a decision can be made.

If you have been assessed for this item please provide contact details or a copy of the letter of confirmation from the person who provided the assessment.

All grant applications **MUST** be accompanied with a written quotation from the supplier of the goods or service applied for. **PLEASE NOTE any grant award is conditional on suppliers accepting direct payment from MS Research and Relief Fund. MS Research and Relief Fund will not make payments for goods and services to grant recipients or their family or friends.**

### Part 3: Income

**ITEMS IN THIS BOX MUST BE COMPLETED ON ALL APPLICATIONS.**

If an item is nil, please enter 0.

#### SAVINGS

Please state if you have ANY form of savings, and the amount.

I DO / DO NOT\* HAVE ANY FORM OF SAVINGS (\*delete as applicable)

Amount of any savings

TOTAL COST OF ITEM/SERVICE

#### CONTRIBUTIONS

Please tell us below how much has already been raised or promised for this item:

Own contribution

Social Services

D.S.S

Charities / Trust funds

Health Authority

Other contributions

TOTAL of contributions

Balance remaining

**Amount of Assistance Requested**

Please give details of current or last employer

Partners employer

If you or a family member are, or have been, in the armed forces please give details

Please give details of any professional body or trade union you have been a member of

## **MS Society Contribution**

It will help us deal with your application if you can tell us if you have also applied to the MS Society for financial assistance. Please state if you have done so and the outcome of the application.

I have / have not\* applied to the MS Society (*\*delete as applicable*)

Amount granted by the MS Society	National Welfare contribution	<input type="text"/>
	Branch contribution	<input type="text"/>
	<b>Total</b>	<input type="text"/>

Please provide confirmation / contact details of any MS Society contribution.

## **State Benefits**

People in receipt of Income Support, ESA or Pension Credit **do not** have to complete the Income and Expenditure table on Page 5, when providing evidence of eligibility.

**PLEASE SIGN BELOW IF YOU ARE IN RECEIPT OF INCOME SUPPORT/ESA OR PENSION CREDIT**

I am in receipt of Income Support, ESA or Pension Credit

Signed

Date

/ /

**Please provide evidence of your eligibility to any of the above**  
e.g. Photocopy of Notice of Award).

**IMPORTANT : Persons in receipt of Income Support/ESA, Pension Credit OR who have received financial assistance from the MS Society for this service/goods DO NOT need to complete this section.**

Please give details of your income and expenditure below.

Please state if the figures you give are weekly or monthly amounts.

	<u>Income</u>			<u>Expenditure / Outgoings</u>	
	Weekly	Monthly			
Earnings	<input type="text"/>	<input type="text"/>	Mortgage	<input type="text"/>	<input type="text"/>
Partners Earnings or Income	<input type="text"/>	<input type="text"/>	Rent	<input type="text"/>	<input type="text"/>
Statutory Sick Pay	<input type="text"/>	<input type="text"/>	Council Tax	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	<input type="text"/>	Water Rates	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="text"/>	<input type="text"/>	Insurance	<input type="text"/>	<input type="text"/>
Disabled Persons Tax Credit	<input type="text"/>	<input type="text"/>	Gas	<input type="text"/>	<input type="text"/>
State Retirement Pension	<input type="text"/>	<input type="text"/>	Electricity	<input type="text"/>	<input type="text"/>
Private/other Pension	<input type="text"/>	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
DLA Mobility Component	<input type="text"/>	<input type="text"/>	Television	<input type="text"/>	<input type="text"/>
DLA Care Component	<input type="text"/>	<input type="text"/>	TV License	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>	Loan	<input type="text"/>	<input type="text"/>
Invalid Care Allowance	<input type="text"/>	<input type="text"/>	Hire Purchase Agreements	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>	Other Credit or Loans	<input type="text"/>	<input type="text"/>
Housing Benefit	<input type="text"/>	<input type="text"/>	Car Repayments (Not Mobility Cars)	<input type="text"/>	<input type="text"/>
Any other benefit	<input type="text"/>	<input type="text"/>	Other expenses (please list below)	<input type="text"/>	<input type="text"/>
Any other Income	<input type="text"/>	<input type="text"/>			
<b>TOTAL INCOME</b>	<input type="text"/>	<input type="text"/>	<b>TOTAL EXPENDITURE</b>	<input type="text"/>	<input type="text"/>

If you would like advice or information about any of the above benefits please contact us at Benmar House and we will be happy to assist you.

**PLEASE ENSURE THAT YOU SIGN THE DECLARATION BELOW.**

**DECLARATION**

To the best of my knowledge the information I have given is accurate, and I apply for financial assistance.

I also accept that after receiving a grant , I may be asked to provide information on the benefits it has generated.

Signed.....Date.....

Name (Print).....

**CHECKLIST : BEFORE YOU SEND IN YOUR COMPLETED APPLICATION:**

- **Make sure you have completed the finance box on page 3.**
- **Enclose evidence of Income Support, ESA or pension Credit if declared on page 4.**
- **Enclose copies of supporting letters from health or care professional i.e. MS Nurse Occupational Therapist, Social Worker, Doctor, etc.**
- **Enclose copies of quotations for the item or service.**
- **FAILURE TO ENCLOSE SUPPORTING INFORMATION WILL MEAN A DELAY IN YOUR APPLICATION BEING CONSIDERED.**

**DATA PROTECTION – How we use your information**

The information you provide to us on this application will be used only for the purposes of assessing your application for grant funding. It may be necessary, especially if you have applied to other organisations, for us to talk to such organisations and share some of the information you have provided here. By signing this form, you agree to the sharing of this information for this purpose.

Should you require further details on the safe storage and handling of sensitive personal information, please feel free to contact us at the address on the front of the application form.

**How did you hear about MSRRF Grants?**

**PLEASE NOTE**

Grant applications will only be considered on receipt of a completed grant application form, however, you may be contacted for further information before a decision can be made.

Requests for grants will normally be acknowledged within 20 working days.

We will clearly state the reasons for any unsuccessful grant application.

# **MSRRF GRANT APPLICATION GUIDANCE NOTES FOR INDIVIDUALS**

(Please retain for your information)

**MS Research and Relief Fund** aims to provide support to people affected by MS. This is done in a number of ways i.e. the award of financial grants towards the cost of aids, adaptations, equipment, building works and respite care. Because of the diversity of MS, grants may be wide-ranging according to the needs of individuals.

Grants will be considered for all people with MS, their immediate family or primary unpaid carers.

**All sections of the grant application form must be fully completed and applicants must provide quotations and a letter of support from a health or care professional such as an MS Nurse, GP, Social Worker, Occupational Therapist etc.**

Applicants in receipt of Income Support, ESA, Pension Credit or who have received funding from the MS Society do not have to complete the Income/ Expenditure section but **MUST** include evidence of the relevant Benefit awarded.

**MS Research and Relief Fund** recommends that where appropriate, grant applications should be made to relevant statutory bodies before applying to our charity.

When possible the Charity will work with other charities bodies (e.g. the MS Society) in order to contribute towards a package of funding.

All applications will be acknowledged within 20 working days. Grant awards are valid for 12 months or in the case of building work twenty four months.

## **What we will fund:**

### **Respite Care Costs**

The Charity will consider funding for a maximum of £300 per week up to a maximum of two weeks in any twelve months period.

### **Aids/ Adaptations and Equipment**

The Charity will consider funding up to a maximum of £1500.

### **Alterations to current Accommodation**

The Charity will consider funding up to a maximum of £1500.

- **In exceptional circumstances the Charity may decide to award individual grants outside the scope of its normal grant activity.**
- **We may use our discretion to make awards above the maximum amounts.**

What we will NOT fund:

**MS Research and Relief Fund** will not make any award for

- Retrospective funding, i.e. goods/ services already purchased/ordered or where a deposit has been paid.
- Rent arrears, mortgage arrears, council tax, hire purchase payments/arrears or utility bills
- Complementary therapies.
- 'Second hand' or used items or equipment.
- Transport costs of any kind or driving lessons
- Holidays
- Ongoing costs of any kind i.e. memberships, course fees etc

**FAILURE TO ENCLOSE ALL REQUESTED INFORMATION WILL RESULT IN THE DELAY OF YOUR APPLICATION BEING PROCESSED.**