



Llywodraeth Cymru
Welsh Government

The Discretionary Assistance Fund

APPLICATION FORM

ABOUT EMERGENCY ASSISTANCE PAYMENTS AND INDIVIDUAL ASSISTANCE PAYMENTS

Who can apply for an Emergency Assistance Payment?

You may be eligible for an Emergency Assistance Payment if you:

- Are aged 16 or over
- Resident in Wales
- Don't have any money to meet your, or your family's, immediate needs after an emergency or a disaster
- Think there will be serious damage or risk to your, or your family's health and wellbeing without the payment
- Don't have any other means of getting the help you need as you have no other money or means of getting support

Who can apply for an Individual Assistance Payment?

To be eligible for an Individual Assistance Payment, you, or the person you care for must be resident in Wales and getting on of the following benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Credit or Guaranteed Pension Credit

You may also be able to get an Individual Assistance Payment if you are likely to get one of these benefits when you leave care, such as a hospital, a care home or a prison.

How we decide whether we will give you a grant

A decision maker will look at all the information on your application before deciding if we can make a grant. There is only a limited amount of money available for payments and items so we cannot make a grant in every case.

The information you give us on the form will help us decide:

- If you qualify for a payment or items, and if so
- Whether we can make a grant from the money we have in the budget and what the award should be.

You need to give us as much information as you can about how a grant would help you, either to cope with a crisis or to live independently in the community. This information will be used to decide whether or not a grant payment can be made.

If you do not give us the information we ask for in the form, we will not be able to give you a grant. We will check some of the information you give us, for example the benefits you are on, with the Department of Work and Pensions. Other people may be approached about your application, for example social workers or doctors. Payment of a Grant or provision of items will be made only when this is the only way that you can get the help you need. You may get less than you have asked for.

Purpose of an Emergency Assistance Payment

Emergency Assistance Payments are to help with essential costs after an emergency or if you have experienced a disaster such as a fire or flood in your home.

The level of support you may be offered will be determined by the needs presented in your application. You must prove in your application that not getting the help you are asking for will put either you or your family's health or wellbeing at risk.

When you should not apply for an Emergency Assistance Payment

You should not apply for an Emergency Assistance Payment if you have:

- Other money or support you can access for the things you need.
- Already had three Emergency Assistance Payments made to you in the last 12 months.
- Applied for an Emergency Assistance Payment for the same things within the last 28 days and nothing has changed.

Purpose of an Individual Assistance Payment

Individual Assistance Payments are to help you, or someone you care for, live as independent a life as possible in the community rather than enter or remain in an institution. This could be because they:

- Are leaving an institution within the next 6 weeks after having lived there for 3 consecutive months or more, or on a frequent and regular basis due to disability or circumstances
- Want to stay in the community rather than having to go into an institution
- Are taking part in a planned re-settlement programme after an unsettled way of life
- Are a family facing exceptional pressure, for example as a result of experiencing domestic violence or increased needs of a family member due to disability, chronic illness, or an accident.
- Are caring for a prisoner or young offender on release on temporary licence.
- Need help with one-off or short term travelling expenses when deemed essential to support you to continue to live independently in your community.

When you should not apply for an Individual Assistance Payment

You should not apply for an Individual Assistance Payment if you:

- Are in care, are not leaving care within 6 weeks or have not been in care for 3 months or more
- Have applied for an Individual Assistance Payment for the same things within the last 28 days and nothing has changed.

You may not be eligible for an Individual Assistance Payment, or the amount you are awarded may be reduced if you or your partner have any savings or capital totalling over £500 (or £1,000 if you or your partner is of pensionable age). If you are a prisoner any grant awarded may be reduced by the value of any discharge grant or warrants made.

FILLING IN THIS FORM

What you will need to fill in this form:

- Your National Insurance number
- Details of money you receive
- Contact details for people who are helping you who we may want to contact
- Information to prove that you are who you say you are, and
- Other documents that give information about your situation, such as the police incident number if you have reported a crime.

If you need help to fill in the form

This form should be filled in by the person making the application. If you need help to fill in this form, you can ask someone else such as a friend or relative.

You still need to sign the declaration in Section 6 yourself.

Applying on behalf of someone else

If you are applying on behalf of someone else who is unable to fill in the form, you should complete the relevant part of Section 6 and ask them to sign the section which authorises you to apply on their behalf. We will then deal with you in future. You should complete the form with the details of the person you are acting for.

About the form

This form is in six sections:

- Section 1. General information about you and your family
- Section 2. About money you have and receive
- Section 3. What type of grant you are applying for and why?
 - 3a – Payment in a Disaster
 - 3b – Payment in an Emergency
 - 3c – Payment to help you live in the community rather than being in care
- Section 4. Other information that will help us to make a decision
- Section 5. There is space here for you to add any additional information
- Section 6. Declaration and what happens next

Please complete the form in black ink. If you need extra space, please use the blank page at the end of this form.

Receipts

If you are awarded an Emergency Assistance Payment or Individual Assistance Payment you may be asked to provide receipts to show you have bought the items your grant was awarded for. Please make sure you keep your receipts.

Review

If you do not agree with the decision made on your application, you can ask for a review. Details of who to contact are at the end of this form.

(Please Note: This form can only be submitted in hard copy)

Section 1: About You

Please give us some information about you, your partner if you have one, and the other people who live in your house.

| | You | Your partner |
|--|---|---|
| Title | | |
| Surname | | |
| Other surnames you have used | | |
| All other names | | |
| Your current address | | |
| If you have been at this address for less than 3 months please give your previous address | | |
| Email Address | | |
| Date of birth | | |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| National Insurance number | | |
| We may need to contact you by phone or text. Please provide us with a mobile phone number we may contact you on: | | |
| Please provide us with any other phone number we may contact you on: | | |
| If we need to you to discuss your application further. What is the best way to contact you? | | |
| About where you live. | | |
| Please tell us about where you live. What type of property is it? | | |
| | You | Your Partner |
| A home you own, including with a mortgage | <input type="checkbox"/> | <input type="checkbox"/> |
| Rented from local authority | <input type="checkbox"/> | <input type="checkbox"/> |
| Rented – unfurnished | <input type="checkbox"/> | <input type="checkbox"/> |
| Rented – partly furnished | <input type="checkbox"/> | <input type="checkbox"/> |
| Rented – fully furnished | <input type="checkbox"/> | <input type="checkbox"/> |

| Hostel | <input type="checkbox"/> | <input type="checkbox"/> | |
|---|--------------------------|--------------------------|---|
| Bed & Breakfast | <input type="checkbox"/> | <input type="checkbox"/> | |
| A residential/care home | <input type="checkbox"/> | <input type="checkbox"/> | |
| A hospital | <input type="checkbox"/> | <input type="checkbox"/> | |
| Living with parents | <input type="checkbox"/> | <input type="checkbox"/> | |
| Living with friends/relatives | <input type="checkbox"/> | <input type="checkbox"/> | |
| Armed forces accommodation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other – please tell us about this | | | |
| If your home is rented, please tell us about the landlord. Landlord's name: | | | |
| We may contact the landlord if we need more information. | | | |
| If you are in prison or young offender's institution please give us your prison number: | | | |
| What is the name of the institution you are in? | | | |
| <p>About other people who live with you Please tell us about any children that live with you and that you support. A child is 16 or under or aged 17-19 and still in full-time education or included on their parent's benefit claim. This includes babies who have not yet been born so, if someone is pregnant, please include details of the baby.</p> | | | |
| Name/s | Date of birth/due date | Relationship to you | Please tick this box if you receive Child Benefit for this person |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| Please continue on the blank page in Section 5, if you need more space. | | | |

Please tell us about anyone else who live with you.

| Name/s | Date of Birth | Relationship to you |
|--------|---------------|---------------------|
| | | |
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| | | |

Please continue on the blank page in Section 5, if you need more space.

Section 2. About money you receive or have access to.

Please tell us about any money you or your partner receive regularly. This may include benefits or entitlements, pensions, tax credits, wages and maintenance payments.

| | |
|--|--------------------------------------|
| Money 1 Type of money you receive? | How much you receive and how often? |
| | £ every |
| Who receives this? | When will you get your next payment? |
| Money 2 Type of money you receive? | How much you receive and how often? |
| | £ every |
| Who receives this? | When will you get your next payment? |
| Money 3 Type of money you receive? | How much you receive and how often? |
| | £ every |
| Who receives this? | When will you get your next payment? |
| Money 4 Type of money you receive? | How much you receive and how often? |
| | £ every |
| Who receives this? | When will you get your next payment? |

| | | |
|---|--------------------------------------|--|
| Money 5 Type of money you receive? | How much you receive and how often? | |
| | £ | every |
| Who receives this? | When will you get your next payment? | |
| Please continue on the blank page under Section 5, if you need more space. | | |
| Please tell us about any savings or any other capital you or your partner have. Savings may affect the amount we can pay you. | | |
| Do you or your partner have any money? | No <input type="checkbox"/> | Yes <input type="checkbox"/> Please tell us about this |
| Tell us about how much this is and who it belongs to: | | |
| Do you or your partner have any savings? This may be money in bank or building society accounts, credit union accounts, premium bonds or shares. | No <input type="checkbox"/> | Yes <input type="checkbox"/> Please tell us about this |
| Tell us about where the money is held and who it belongs to. | | |
| Is there anywhere else you could access money from? | No <input type="checkbox"/> | Yes <input type="checkbox"/> Please tell us about this |
| Tell us about this | | |

About money you have to pay out

Do you or your partner have to pay any money out regularly for expenses or debts?

No

Yes Tell us about this below

Who do you pay the money to?

How much do you pay out and how often?

Please continue on the blank page under Section 5 if you need more space.

Section 3. Which grant are you applying for and why?

Please fill in the section which best fits your situation.

Are you applying for a Payment because of a disaster?

A disaster is an event of great or sudden misfortune which normally causes significant damage to, destruction or loss of, to possessions or property. Examples would include a fire or flood.

No Yes

If yes please go to Section 3a

Are you applying for a Payment because of an emergency?

An emergency is a sudden, urgent, unexpected event which usually needs immediate action, for example if you have lost all of your money.

No Yes

If yes please go to Section 3b

Are you applying for a Payment to help live in the community rather than going into care or remaining in care?

This payment is if:

- You need help setting up home in the community after being in care.
- You need help to stay in the community rather than going into care.
- You need help to set up home in the community as part of a planned re-settlement programme with an organisation helping you.
- You need help to ease exceptional pressure on your family, for example because the family has broken down.
- You need help to care for a prisoner or young offender on release or temporary licence.
- You need help with one-off or short term travelling expenses that are essential for independent living.

No Yes

If yes please go to Section 3c

3a. Payment in a Disaster.

Please complete this section if you have suffered from a disaster. We can only make a payment if there is a serious risk to your or your family's health or wellbeing. You can apply for living expenses and for essential items for your home which you need as a result of the disaster.

If you have suffered from a disaster please tell us what has happened, when it happened, what was damaged, and which emergency services came to deal with the disaster?

Do you have household insurance to cover this disaster?

No

Yes

If Yes, are you planning to, or have you, made a claim?

No

Yes

What money did the insurance company give you and how much is left, if the money has been spent please say what on?

What is the risk to you or your family's health or wellbeing?

Please tell us about the things that you are applying for, how many you need; this may include costs for daily living, such as food, or for replacement items such as a fridge.

Please go to Section 4, unless you are also applying for a Payment under 3c below.

3b. Payment in an Emergency.

Please complete this section if you are applying because of an emergency which may cause serious damage or risk to you or your family's health or wellbeing.
If you are applying because of an emergency, you can only apply for living expenses such as food or travel, not for items for your home.

Please say what the emergency is and what is the serious risk to you or your family's health and wellbeing?

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If money has been lost, please say how much is missing:

£

If money has been stolen, please say how much is missing:

£

Have you reported the loss to the police?

No

Yes

Please give the incident number:

Please say how much food you have left and how long this will last:

| | |
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Do you pay for your gas or electricity with a pre-payment meter?

No

Yes

How much credit is left on the meter?

£

How long will it last?

| | |
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What is the risk to you or your family's health or wellbeing?

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Please tell us about the living costs that you are applying for and how much you need. This may include items such as electricity or travel expenses. If you need food, please say how many days you need it for. You cannot apply for household items if you are applying for a payment because of an emergency. Please use a new line for each thing.

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Please go to Section 4, unless you are also applying for a payment under 3c.

3c. Payment to help you live in the community rather than being in care. This includes:

- Are leaving an institution within the next 6 weeks after having lived there for 3 consecutive months or more, or on a frequent and regular basis due to disability or circumstances.
- Want to stay in the community rather than having to go into an institution
- Are taking part in a planned re-settlement programme after an unsettled way of life
- Are a family facing exceptional pressure, for example as a result of experiencing domestic violence or increased needs of a family member due to disability, chronic illness, or an accident
- Are caring for a prisoner or young offender on release on temporary licence.
- Need help with one-off or short term travelling expenses when deemed essential to support you continue to live independently in your community

| | | |
|---|---|---|
| Are you planning to move? | No <input type="checkbox"/> | Yes <input type="checkbox"/> Tell us about this below. |
| Please tell us the address you are moving to: | | |
| If you are moving, please tick the sort of home you are planning to move to: | A home you own, including with a mortgage | <input type="checkbox"/> |
| | Rented from local authority | <input type="checkbox"/> |
| | Rented – unfurnished | <input type="checkbox"/> |
| | Rented – partly furnished | <input type="checkbox"/> |
| | Rented – fully furnished | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |
| If you have ticked other please tell us about this: | | |
| | | |
| If the property is rented please tell us about the landlord. Landlord's name: | | |
| We may contact the landlord if we need more information. | | |

Your circumstances

Please tell us why you need help to set up or stay in the community:

| | | |
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Are you following a programme of support to help you re-settle in the community after an unsettled way of life?

No

Yes

Why are you following the programme, for example is it because you have had problems with addictions, or are you following a programme of support, for example, because you have been in care or been homeless?

| | | |
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What does the programme of support involve?

| | | |
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| | | |
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Please fill in this section if you or your family are facing exceptional pressure and do not have the resources to meet these costs.

What is the exceptional pressure that you or your family are under?

What is the impact on you and/or your family?

Please fill in this section if you need help caring for a prisoner or young offender on release on temporary licence.

Name:

Date of Birth:

Their relationship to you:

Their prisoner number:

Name of institution:

What date does the leave start?

What date does the leave finish?

Tell us about the things that you are applying for.

This may include items such as a bed, bedding, clothes or items for the kitchen such as a cooker. It may also include services such as removals or travel costs. If you are given a payment, you may be asked to provide receipts to show that you have bought the items the payment was awarded for. Please make sure you keep receipts.

Please tell us as much as you can about how these things will help you.

- If you need to replace something, tell us what is wrong with the one you have and why you need to replace it
- If you need something for the first time, tell us why you need it. Please tell us exactly what you need, for example, if you need clothing, what type of clothing you need
- If you need something with special features or adaptations, tell us what these features are and why you need them. If you need more space to tell us about what you need, please continue on the blank page under Section 5.

Please tell us about any organisation that is helping you either to set up in the community or to stay in the community.

Please give the name of the organisation helping you:

How are they helping you?

Section 4. Other information that will help us to make a decision.

When we decide whether or not to award a payment, we look at how much difference a payment will make to the person applying or the person they care for. This means that we need to know about any problems, difficulties or special circumstances for you or the people you live with. We also need to know about changes in your circumstances. Please answer the questions below, telling us about things that are affecting you, how they have affected you and what help or treatment you have had. Please also tell us if you have had to spend extra money because of these problems.

What will happen if you do not get a payment?

Please tell us if you or someone named in the application has health problems such as chronic or terminal illness, disability for example deafness or blindness or any medical condition:

Please tell us if you or someone named in the application has mental health conditions:

Is there any reason why you would need a special type of the item that you have asked for, for example do you need an adaptation to the things you have asked for because of a disability?

No Yes Please tell us about this:

Please tell us if you or someone named in the application has learning difficulties or physical impairments:

Please tell us if you or someone named in the application has problems with addictions or substance misuse:

Please tell us if you or someone named in the application has problems because of age, for example mobility issues or needing help looking after themselves:

Please tell us if you or someone named in the application has had a significant changes in circumstances, for example redundancy, eviction or repossession or leaving the Armed Forces:

Section 5: Additional Information

Please use this space to tell us about anything else you think we need to know about that you have not already mentioned in the form. These may be things like family problems, poor living conditions or coping after a disaster. Tell us about anything that makes your situation unusually hard to cope with and why:

Section 6. Declaration and what happens next.

If we decide to make a grant, we may pay you a grant or give you either a store card or the items you need. We will contact you to advise you how an award will be made.

About the account you want to use

If we are going to pay cash, we may need to know your bank account details. It is very important you complete ALL boxes correctly including the building society roll or reference number if you have one.

If you tell us the wrong account details your payment may be delayed or you may lose money. You can find the account details on your bank debit card or bank statements. If you are not sure about the details, ask the bank, building society or other account provider. You can use an account in your name or a joint account.

If you do not have an account, and are not planning to open one, please tick the box and we will contact you to discuss the best way to make a payment.

If you are an appointee or a legal representative acting on behalf of the applicant, the account should be in your name only. To be paid into a credit union account you must provide the credit union account details. Your credit union will be able to help you with this.

Account details

Name of account holder:

Full name of bank, building society or other account provider:

Sort code:

Account number:

Building society roll or reference number:

If you do not have an account and don't intend to open one tick here:

If you do not have a bank account payment can be made via the Pay Point network. For this you will need to provide your mobile telephone number so that a unique code can sent to you which can then be exchange for cash at your local Pay Point store. There are 24,000 PayPoint terminals in newsagents, convenience stores, supermarkets, garages and off-licenses across the UK. Most are open long hours, many seven days a week.

To find your nearest PayPoint stores, go to www.paypoint.co.uk/customers and enter your postcode into the Locator on the left near the top of the page or call Pay Point Customer Service on 08457 600633.

Please confirm your mobile phone number:

If you do not have a mobile phone you can provide an alternative mobile number, for example from a family member or a support worker.

Alternative mobile number:

Who does this number belong to?

What is their relationship to you?

Declaration

Please read the declaration carefully and make sure you understand it before signing and dating the form. We cannot make a decision about your application unless you have signed the form. Even if someone has filled in the form for you, you must sign it if you can. Make sure that you understand what they have written before you sign the declaration. It is an offence to give false information.

We may make enquiries about the information needed to support the application and prevent fraud. If you receive an award under the Discretionary Assistance Fund by providing incorrect details or not giving us full details or providing false information you could be prosecuted.

Please read all the points below carefully and make sure you understand them before signing and dating the form.

- This is my application for an award under the Discretionary Assistance Fund
- I declare that the information I have given on this form is correct and complete
- I will inform the Fund immediately if there is any change in my circumstances which may affect my application or the outcome of my application
- I declare that, if I am awarded a grant, I will spend it on the items for which it was made and may be requested to provide receipts to confirm this
- I understand that the Welsh Government may check the information I have given with other sources
- I understand that the Welsh Government will use the information and may share it with other government organisations in accordance with the law.

I accept the above declaration.
Signature:

Date:

Print your name:

If this form has been filled in by someone different from the person claiming.

If you are signing this form for someone else who cannot apply for themselves, please complete this section. You do not need to complete this section if you have helped someone fill in the form but they are signing it.

Please print the name of the person who completed the form:

Contact address:

Telephone number:

Email address:

What is your relationship to the applicant?

Please give the reason why the applicant was unable to complete the form:

Please ask the applicant to sign this section to give you the authority to apply on their behalf.

I hereby authorise the person named above to make an application to the Discretionary Assistance Fund on my behalf. I would like them to receive all correspondence about the claim.

Signed:

You should complete the rest of the form with the details of the person you are filling in the application for. We will send all correspondence to you.

What to do now

- Check you have answered all the questions and given all information requested
- Initial any alterations
- Check you have signed the form

Send your application form to:

Discretionary Assistance Fund,
PO Box 2377,
WREXHAM,
LL11 0LG

Processing times

If your application is for an Emergency Assistance Payment, we will process this within 24 hours of receipt. If your application is for an Individual Assistance Payment we will process this within ten working days of receipt.

You will receive a letter to tell you whether or not you will receive a grant. If your application is urgent, we will also contact you by phone to let you know.

What to do if you disagree with our decision

If you are not happy with the decision on your application you can ask us to look at it again and check whether they have made the right decision. You must write to us within 20 working days of the decision and tell us why you want a review.

Equality and Diversity Questions

We would like you to answer these questions to help us but they are not part of your application so you do not have to.

If you do answer them, we will not use the answers to any of these questions to decide whether or not to give you a grant.

We want to understand who is applying to the Discretionary Assistance Fund so that we can make sure that particular groups are not disadvantaged.

It would be helpful if you could tick the boxes below that most closely fit you:

What religion, religious denomination or body do you belong to?

No religion Christian Buddhist Hindu

Jewish Muslim Sikh

Other (please specify):

What is your ethnic group?

Welsh/English/Scottish/
Northern Irish/British

Indian

Irish

Pakistani

Gypsy/Traveller

Chinese

White and Black Caribbean

African

White and Black African

Caribbean

White and Asian

Arab

Other (please specify):

What is your marital status?

Single Married Separated In a registered same sex partnership
Widowed Divorced Cohabiting

Which age range applies to you?

16-24 25-39 40-54 55-60 70+

What is your sexual orientation?

Heterosexual/Straight Gay/Lesbian

Prefer not to say Bisexual

Other (please specify):

Are you registered as disabled?

No

Yes