

The Discretionary Assistance Fund

APPLICATION FORM



Llywodraeth Cymru
Welsh Government

ABOUT EMERGENCY ASSISTANCE PAYMENTS AND INDIVIDUAL ASSISTANCE PAYMENTS

The Discretionary Assistance Fund provides 2 types of grants that you do not need to pay back.

Emergency Assistance Payment (EAP)

A grant to help pay for essential costs, such as food, gas, electricity or emergency travel if you:

- are experiencing extreme financial hardship.
- have lost your job.
- have applied for benefits and are waiting for your first payment.

You cannot use it to pay for ongoing bills that you cannot afford to pay.

Who can apply for an Emergency Assistance Payment?

To get a grant, you must:

- be in extreme financial hardship, for example you've lost your job, applied for benefits and are waiting for your first payment and have no other means of financial support.
- be experiencing an unexpected crisis that has resulted in you not having money to buy food, gas and/or electricity or other essential items.
- be in a crisis situation and in need of immediate financial support.
- live in Wales.
- be over 16 (there is no upper age limit for this grant).
- have no other money for example savings.

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.

Individual Assistance Payment (IAP)

A grant to help you or someone you care for live independently in their home or a property that you or they are moving into.

What you can use the grant for

The grant can provide/supply:

- a fridge or washing machine and other 'white goods.'
- home furniture such as beds, sofas and chairs.

Who can apply for an Individual Assistance Payment?

You can only apply for a fridge or washing machine (white goods) and furniture through an Approved Partner.

You must:

- live in Wales.
- be over 16 (there is no upper age limit for this grant).
- have no access to other money and tried all other affordable sources of funding for example credit union.
- not be living in a care home (unless being discharged in 6 weeks).
- not be in prison (unless being discharged in 6 weeks).
- not be a member of a fully maintained religious order.

You must be getting one of the following:

- Income Support.
- Income-based Jobseeker's Allowance.
- Income-related Employment and Support Allowance.
- Guaranteed Credit element of Pension Credit.
- Universal Credit.

You must meet one of the following:

- you are leaving a care home or institution (hospital, prison or foster carer) after 3 months (minimum) to live independently.
- you want to stay living in the community rather than having to go into an institution (hospital or care home).
- you are setting up home after an unsettled way of life.
- you need to move home quickly due to a relationship breakdown or domestic violence.
- you are going to care for a prisoner or young offender released on a temporary license.

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 if you or your partner have any savings or capital.

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.

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 8** 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 8** 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 eight sections:

Section 1: Capacity	Are you making the application for yourself or as a representative for another individual?
Section 2: Application Type	For Approved Partners to tell us about the type of award they are seeking for client.
Section 3: Applicant Details	Information about the applicant.
Section 4: Household Details	Information about the applicant's family / household.
Section 5: Financial Details	Money the applicant has and receives.
Section 6: Application Details	<p>Tell us about your current crisis situation and how you would use an Emergency Assistance Payment (EAP) if awarded.</p> <p>Section 6b is only for Approved Partners applying for an Individual Assistance Payment (IAP).</p>
Section 7: Payment Required	<p>Select the type of Emergency Assistance Payment (EAP) method you would prefer.</p> <p>Section 7b is only for Approved Partners applying for an Individual Assistance Payment (IAP) to select the white goods, furniture, etc. being requested.</p>
Section 8: Declarations	Declarations 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 the form.

Receipts

If you are awarded an Emergency Assistance Payment (EAP) or Individual Assistance Payment (IAP) 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: Capacity

Before you begin, please note: Only an Approved Partner (a recognised organisation) of the fund can apply for white goods and furniture on behalf of an individual (the applicant).

If you are the applicant (a member of the public), you are not able to apply directly for white goods or furniture. You would need to contact a DAF Approved Partner to apply for these on your behalf.

However, you can apply directly for a cash payment if you are experiencing extreme financial hardship.

Are you the applicant?

☐ Yes

☐ No

If you answered 'Yes' to the above, please go directly to **Section 3: Applicant Details**.

Are you authorised to complete this form on behalf of the applicant?

☐ Yes

☐ No

Are you supporting the applicant as a non-professional representative i.e. Power of Attorney?

☐ Yes

☐ No

If you answered 'No' to the above and are an Approved Partner please go directly to the relevant section on the next page.

If you answered 'Yes' to the above, please complete the following...

Title

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Mx

First name

Other name (optional)

Last name

Your address as a non-professional

Primary contact number

Secondary contact number

Submitter's email address

Preferred contact method

☐ Email

☐ Mobile

☐ Phone

☐ Post

Are you acting with the consent of the applicant? (i.e. Power or Attorney)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DAF can only make awards where the consent of the applicant has been acquired. Should you submit an application without the consent it will be refused.			
Relationship to the applicant			
Please ensure you follow the process communicated to the Approved Partner Network by DAF Partnership Manager. Please email DAF.Partners@necsws.com for advice on how to proceed. If you proceed with the application without the necessary evidence there is a risk the application will be refused.			
Are you working for an Approved Partner organisation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to the above, please complete the following...			
Organisation name			
Approved Partner code			
Support Worker's full name			
Approved Partner contact number			
Approved Partner email address			

Section 2: Application Type

Is the applicant applying for an Emergency Assistance Payment (EAP)?

☐ Yes

☐ No

If you answered 'Yes' to the above, please answer the following...

I have verified the applicant's ID

☐ Yes

☐ No

If you have not verified the applicant's ID please use the box below to explain why...

In my professional capacity I can confirm the applicant's address is known to be correct

☐ Yes

☐ No

Use the box below to state the evidence you have seen of this i.e. Tenancy Agreement, Legal Document, Utility Bill, etc...

PLEASE NOTE: By answering the questions above, you agree you can provide this evidence at a later date, if requested for audit purposes. (Non-compliance is escalated and could result in the withdrawal of your organisation's Approved Partner status.)

Please state that you are NOT able to confirm benefit or address information, if you may not be able to provide this evidence when requested.

Is the applicant applying for an Individual Assistance Payment (IAP)?

☐ Yes

☐ No

If you answered 'Yes' to the above, please answer the following...

I have verified the applicant's ID

☐ Yes

☐ No

If you have not verified the applicant's ID please use the box below to explain why...

In my professional capacity I can confirm the applicant's address is known to be correct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' please use the box below to state the evidence you have seen of this i.e. Tenancy Agreement, Legal Document, Utility Bill, etc...		
I can confirm that the applicant is in receipt of a qualifying benefit (or has been supported to apply for a qualifying income-based benefit and the client is expecting imminent release of this benefit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' please use the box below to state what evidence you have seen of this i.e. DWP Journal, DWP Correspondence, Bank Statement, etc...		
<p>PLEASE NOTE: By answering the questions above, you agree you can provide this evidence at a later date, if requested for audit purposes. (Non-compliance is escalated and could result in the withdrawal of your organisation's approved partner status.)</p> <p>Please state that you are NOT able to confirm benefit or address information, if you may not be able to provide this evidence when requested.</p>		

Section 3: Applicant Details

DAF is intended to help you in a crisis or emergency.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Forename					
Other names					
Surname					
Please provide any other surnames you have been known by					
National Insurance number					
Your national insurance number is required as part of our verification process. Failure to provide accurate information will result in a delay in processing your decision					
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Genderqueer/ Non-Binary	
Date of birth					
Do you have an address?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If you answered 'Yes' to the above, go to the section labelled 'Address' on the next page. If you answered 'No' to the above, please answer the following questions before moving on to 'Contact Details' on the next page.					
DAF can only make awards to an address that you can be verified at. If you are homeless or no fixed abode please seek guidance from Citizen's Advice or an Approved Partner.					
Is there an address for the request?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If 'Yes', for what address is the request being made?					
Please list all previous address you have lived at in the last 3 years, including the postcodes, in the text box to the right.					

Address					
Name or number and street					
Town or city					
County					
Postcode					
Is this application being made for the address where you live?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please list all previous addresses you have lived at in the last 3 years, including the postcodes, in the text box to the right.					
Contact Details					
Phone number Please provide a landline or alternative contact number					
Mobile number This is where PayPoint vouchers are sent					
Confirm mobile number This is where PayPoint vouchers are sent					
Email address					
Confirm email address					
Preferred contact method	<input type="checkbox"/> Email	<input type="checkbox"/> Mobile	<input type="checkbox"/> Phone	<input type="checkbox"/> Post	
Found out about the scheme from...	<input type="checkbox"/> Department for Work and Pensions	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Citizen's Advice	<input type="checkbox"/> Accredited Partner	<input type="checkbox"/> Other

<p>By completing the following diversity questionnaire, we can make sure that we are meeting the needs of the whole community. We will not publish details of diversity information with your name or any other personal information that would allow your specific details to be identified.</p>		
<p>Would you agree to answer diversity questions?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you answer 'No' go straight to Section 4: Household Details.</p>		
<h2 style="text-align: center;">Diversity Questions</h2>		
<p>What is your ethnic origin?</p> <p> <input type="checkbox"/> Welsh / English / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Mixed: Any other mixed background <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Any other Black / African / Caribbean background <input type="checkbox"/> White: Any other background </p>		
<p>What is your religion?</p> <p> <input type="checkbox"/> No religion <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other </p>		
<p>What is your gender?</p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Neutral <input type="checkbox"/> Fluid </p>		
<p>What is your sexual orientation?</p> <p> <input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Gay / Lesbian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Bisexual <input type="checkbox"/> Other </p>		
<p>What is your marital status?</p> <p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> In a registered same sex civil partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Co-habiting </p>		
<p>What is your age?</p>		<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+
<p>Do you have a disability?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4: Household Details

Do you have a partner who lives with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you have any children who live with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If you answered 'Yes' in the box above 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...					
Child 1					
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx	Forename:		Other names:		Surname:
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender		<input type="checkbox"/> Genderqueer / Non-binary
Child type:	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Stepdaughter	<input type="checkbox"/> Stepson
Date of birth:			Child Benefit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child 2					
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx	Forename:		Other names:		Surname:
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender		<input type="checkbox"/> Genderqueer / Non-binary
Child type:	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Stepdaughter	<input type="checkbox"/> Stepson
Date of birth:			Child Benefit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child 3					
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		Forename:		Other names:	
Surname:					
Gender:		<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Genderqueer / Non-binary
Child type:		<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Stepdaughter <input type="checkbox"/> Stepson
Date of birth:				Child Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4					
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		Forename:		Other names:	
Surname:					
Gender:		<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Genderqueer / Non-binary
Child type:		<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Stepdaughter <input type="checkbox"/> Stepson
Date of birth:				Child Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please continue on the next page, if you need more space.					
Are you expecting a baby / child to join the household? Transfer of care of children / adoption / look after child for family as opposed to care system.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expected due date:		What relationship is the baby / child to you?			
Do you have any other family members who live with you?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other people who live with you?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you, or a household member, suffer from any significant or chronic health issues or vulnerabilities? Please provide details...

If required, please use the box below to provide details of additional children that live with you, that you support and which there was not space to include on the previous two pages...

Section 5: Financial Details

Failure to provide accurate information will result in refusal of your application.

Please select your benefits or income status from the following options.

If you have made a new claim to benefits, please select the benefit you have applied for.

- ☐ Benefits – Asylum Seeker
- ☐ Benefits – Attendance Allowance
- ☐ Benefits – Carers Allowance
- ☐ Benefits – Child Tax Credit
- ☐ Benefits – Contribution-Based ESA
- ☐ Benefits – Disability Living Allowance
- ☐ Benefits – Income-Based ESA
- ☐ Benefits – Income-Based Jobseeker's Allowance
- ☐ Benefits – Income-Based Pension Credit
- ☐ Benefits – Income Support
- ☐ Benefits – Pension Credit Guaranteed
- ☐ Benefits – Universal Credit
- ☐ Benefits – Working Tax Credit
- ☐ Benefits – Contribution-Based Jobseeker's Allowance
- ☐ Pension – Private
- ☐ Pension – State
- ☐ Work Income – Employed
- ☐ Work Income – Self-Employed

Can you provide further details of your benefit or income status?

☐ Yes

☐ No

If you answered 'Yes' to the above provide details.

Important: Please list all of your benefits / pension / work income.

Benefit Type:

Amount: £

Frequency: ☐ 4-Weekly ☐ Annually ☐ Bi-annually ☐ Daily
☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Weekly

Accuracy: ☐ Actual ☐ Average ☐ Estimated

Person:

Last Payment Date:

Next Payment Date:

Held Jointly:

☐ Yes

☐ No

Paid By:

Benefit Type:				Amount: £	
Frequency: <input type="checkbox"/> 4-Weekly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly					
Accuracy: <input type="checkbox"/> Actual <input type="checkbox"/> Average <input type="checkbox"/> Estimated				Person:	
Last Payment Date:				Next Payment Date:	
Held Jointly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid By:		
Benefit Type:				Amount: £	
Frequency: <input type="checkbox"/> 4-Weekly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly					
Accuracy: <input type="checkbox"/> Actual <input type="checkbox"/> Average <input type="checkbox"/> Estimated				Person:	
Last Payment Date:				Next Payment Date:	
Held Jointly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid By:		
Do you have any other income?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'Yes' to the above provide details...					
Income Type: <input type="checkbox"/> Earnings <input type="checkbox"/> Other Income Type <input type="checkbox"/> Self Employed Earnings				Amount: £	
Frequency: <input type="checkbox"/> 4-Weekly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly					
Accuracy: <input type="checkbox"/> Actual <input type="checkbox"/> Average <input type="checkbox"/> Estimated				Person:	
Last Payment Date:				Next Payment Date:	
Held Jointly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Paid By:		

Do you have (or have access to) savings or investments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to the above provide details...		
Capital Type: <input type="checkbox"/> Bank Account <input type="checkbox"/> Building Society Account <input type="checkbox"/> ISA <input type="checkbox"/> Shares <input type="checkbox"/> Other Capital Type	Amount: £	
Accuracy: <input type="checkbox"/> Actual <input type="checkbox"/> Average <input type="checkbox"/> Estimated	Person:	
Are you waiting for a grant, loan or money from another source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered 'Yes' to the above please tell us about this...		
If required, please use the box below to provide details of additional benefits / pension / work income there was not space to include on the previous two pages...		

Section 6: Application Details

- If you are applying for an **Emergency Assistance Payment (EAP)** please complete the three questions on this page.
- If you are an Approved Partner applying for an **Individual Assistance Payment (IAP)** for a client, please complete **Section 6b: Application Details (IAP)** instead.

If you were approved for a DAF payment, what would the money be used for?

To get a grant, you must be in extreme financial hardship which has impacted your ability to buy daily essentials (for example electricity) or be in an unexpected crisis situation and in need of immediate financial support. It cannot be used for rent or debt payments. Please be specific about your emergency need.

What unexpected costs have you had?

Think about any money you had to spend that you didn't plan for. Maybe you had to pay for something extra, or a bill was higher than you thought. Try to give as much detail as you can.

Why were these costs unexpected?

Why didn't you know you'd have to pay for this? Was it a surprise? Did something change? Or did you not have all the information before? Explain as much as you can so we understand what happened.

Section 6b: Application Details (IAP)

Only complete this section if you are an Approved Partner applying for an **Individual Assistance Payment (IAP)** for a client

Please select the type of property the award will be made to.	<input type="checkbox"/> Permanent Accommodation	<input type="checkbox"/> Temporary Accommodation
If you selected 'Temporary Accommodation' please answer the following...		
Does the applicant share facilities such as a kitchen or bathroom with other people in the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This refers to sharing with other households or residents, for example a HMO. It does not include sharing with their partner or immediate family.		
If 'Yes' which facilities do they share?		
The following questions must be answered for both Permanent Accommodation and Temporary Accommodation...		
Why does the client require the items?		
Please be sure to include the full circumstances including if the client has recently moved, and the reason for the move.		
Why does the client not already own the items and why are they unable to purchase for themselves?		

Has the client previously received an IAP from DAF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you responded 'Yes' to the above please answer the following question. If you answered 'No' go straight to Section 7b: Payment Required (IAP) .		
Why does the client no longer possess these items?		
Empty space for answer		

Section 7: Payment Required

Payment Item: ☐ BACS payment ☐ Cash emergency/disaster payment (Wales)

Person: ☐ Named Applicant ☐ All

IMPORTANT - The application MUST include your banking details. These are necessary to pay certain award values and are required in all cases to perform fraud checks.

Bank sort code:

Bank account number:

Payee name:

Building Society roll:

I confirm that the banking details provided are correct

☐ Yes

The following alternate payment options are only available to Approved Partners applying for an **Emergency Assistance Payment (EAP)** for a client. Please select as appropriate...

☐ Boiler Fuel – LPG

☐ Boiler Fuel – Oil

☐ Clothing Voucher – Big 4

Is there anything additional that you would like to inform us about that we have not covered in the application questions? If so, please use the space below.

Section 7b: Payment Required (IAP)

Only complete this section if you are an Approved Partner applying for an **Individual Assistance Payment (IAP)** for a client

Please select the item(s) being requested.

If you wish to request more than one of any item, please write the number being requested in the space provided in the relevant box.

<input type="checkbox"/> 2 Seater Fabric Sofa Grey	<input type="checkbox"/> 2 Seater Sofa Vinyl Black	<input type="checkbox"/> 3 Piece Pot and Frying Pan Set	<input type="checkbox"/> 3 Seater Fabric Sofa Grey
<input type="checkbox"/> 3 Seater Sofa Vinyl Black	<input type="checkbox"/> 4 Place Crockery Set	<input type="checkbox"/> 4 Piece Cutlery Set	<input type="checkbox"/> Air Fryer
<input type="checkbox"/> Air Fryer Larger	<input type="checkbox"/> Cot Blanket	<input type="checkbox"/> Cot Fitted Sheet	<input type="checkbox"/> Cot Mattress Hypoallergenic
<input type="checkbox"/> Curtain FR 46x72 Natural	<input type="checkbox"/> Double Duvet Cover FR	<input type="checkbox"/> Double Fitted Sheet FR	<input type="checkbox"/> Double Mattress Breathable
<input type="checkbox"/> Double Pushchair (newborn upwards)	<input type="checkbox"/> Electric Heater	<input type="checkbox"/> Fabric Armchair Grey	<input type="checkbox"/> Floor Covering – BACS
<input type="checkbox"/> Fridge Freezer 50/50	<input type="checkbox"/> Fridge with Ice Box 85 x 55 x 60	<input type="checkbox"/> Heated Air Dryer	<input type="checkbox"/> Kettle
<input type="checkbox"/> Metal Bunkbed with Two Mattresses	<input type="checkbox"/> Metal Double Bed Frame	<input type="checkbox"/> Metal Single Bed Frame	<input type="checkbox"/> Microwave 880W
<input type="checkbox"/> Pillow FR	<input type="checkbox"/> Pillowcase FR	<input type="checkbox"/> Rug and Underlay 120 x 170	<input type="checkbox"/> Set of 4 Baby Bottles

<input type="checkbox"/> Single Bed Base	<input type="checkbox"/> Single Duvet Cover FR	<input type="checkbox"/> Single Duvet FR	<input type="checkbox"/> Single Fitted Sheet FR
<input type="checkbox"/> Single Hot Plate	<input type="checkbox"/> Single Mattress W90 x L190	<input type="checkbox"/> Single Pushchair (newborn upwards)	<input type="checkbox"/> Slow Cooker
<input type="checkbox"/> Stairgate	<input type="checkbox"/> Table Top Cooker 45L	<input type="checkbox"/> Toaster (2 Slice)	<input type="checkbox"/> Vinyl Armchair Black
<input type="checkbox"/> Washing Machine 7kg 1200rpm Spin	<input type="checkbox"/> Wooden Frame Cot (No Mattress)		

Section 8: Declarations

Please read the following declarations and confirm below that you accept them.

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.

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

This declaration is legally binding. Please read all the points carefully and make sure you understand them before signing and dating the form.

- I declare that the information I have given on the form is correct and complete.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- I understand that I must promptly tell Welsh Government of any further information which may affect the outcome of my application which I become aware of after it has been made.
- I declare that I will use my award responsibly and in line with the purpose for which it was made.
- I understand that Welsh Government may check the information I have given with other sources.
- I understand Welsh Government may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make.
- I understand Welsh Government may share information with other government organisations, if the law allows this.
- I understand that I must tell Welsh Government straightaway if I have a change of circumstances which may affect my application.

This is my application for an award from Welsh Government Discretionary Assistance Fund (DAF).

I have read and accept the declaration...

Signature:

Date:

Print your name:

Please read the following privacy statement and confirm below that you have done so.	
<p>This application and all documents related to this application will be treated in line with General Data Protection Regulations 2018 and may be shared within the Welsh Government and with other local authorities.</p> <p>The full Privacy Notice relating to DAF can be viewed at... https://gov.wales/discretionary-assistance-fund-privacy-notice</p>	
I have read and understand the privacy statement...	
Signature:	
Date:	
Print your name:	
If this form has been filled in by someone different from the person claiming.	
<p>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.</p>	
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 (DAF) 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 (DAF),
PO Box 2377,
WREXHAM
LL11 0LG

Processing times

If your application is for an Emergency Assistance Payment (EAP), we will process this within 24 hours of receipt. If your application is for an Individual Assistance Payment (IAP) we will process this within 10 working days of receipt.

You will receive a letter by email to tell you whether or not you will receive a grant.

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 15 working days of the decision and tell us why you want a review.

You can contact the Discretionary Assistance Fund (DAF) at the address above or via email: daf.review@necsws.com.

The DAF processing office is closed on bank holidays.

Use this page if you need extra space or to provide additional information not covered elsewhere in the application form.