



What is the Personal Grant Fund

A fund to help people

- with the cost of visiting their loved ones in hospital or rehabilitation centre
- with medical or equipment costs or adaptations to homes, where funding is not available through a statutory body

Notes:

- Costs for travel/parking is paid in arrears directly to the applicant. First claim to be made within 3 months, once approved ongoing receipts and tickets to be submitted monthly.
- Payment for equipment or adaptations is made direct to the supplier on behalf of the applicant and cannot be made retrospectively. Ongoing maintenance and upkeep of equipment or adaptations is the responsibility of the applicant.
- Where only partial funding can be provided by a statutory body, and you are requesting a grant to make up the shortfall, evidence of the funding already approved should be provided. Where funding has been refused, please provide a copy of letter giving the reasons for the decision.
- GAIN can collaborate with other charities that you have contacted to jointly fund items
- Recurring household bills or debts cannot be considered – for these you should seek help from your local Social Services, Citizens' Advice Bureau, Citizens' Advice Scotland, Citizens' Information Republic of Ireland, the consumer Credit Counselling Service or the National Debtline
- If you are or have ever been a member of the Armed Forces please contact the Royal British Legion as they may be able to offer more help than GAIN could. Further information available online; <http://www.britishlegion.org.uk/can-we-help> or by telephoning 0808 802 8080

How to apply

The Application form is in 2 parts. Part 1 must be completed in full by the applicant. Part 2 must be completed by an appropriate professional who is involved in the care of the patient.

Travel and parking tickets should be sent with the application and subsequent submissions.

Supporting documents and three quotations for equipment and adaptations must be enclosed, please do not send originals as we are unable to return these to you.

Grants are generally capped at £2500 per household, which could be made up of several smaller applications or a single payment and are considered by the Grants Committee on receipt. However, grants can be made for larger amounts in exceptional circumstances and these are considered by the Board of Trustees

CONFIDENTIALITY: All information supplied by you is treated by **GAIN** in confidence, but the Personal Grants Committee reserves the right to approach your Doctor and/or supporting professional for further help or information; and to use the information in an anonymous form.

Application for a Personal Grant



Part 1 – Applicant details

Applicant Name			
Contact Address			
Telephone Numbers	Landline	mobile	
Email			
Patient name		Date of Birth	
Diagnosis		Date of diagnosis	
Are you receiving or applying for any benefits or grants? Please list below			Yes / No
Benefits or grants received	Benefits or grants being applied for		

Complete Section A for travel/parking expenses

Complete Section B for equipment or adaptations

Section A - travel

Please tell us about your journeys using a separate sheet of paper

<p>I am travelling by car</p> <ul style="list-style-type: none"> • Addresses you are travelling from and to • How many miles (if driving) • Cost of car parking (enclose tickets) • Dates of travel 	<p>I am travelling by public transport</p> <ul style="list-style-type: none"> • Addresses you are travelling from and to • Cost of travel tickets • Dates of travel
<p>Notes</p> <ul style="list-style-type: none"> • You may be eligible for parking concessions – check with the Ward or PALS • The car park machine might retain your ticket – a photo is acceptable for GAIN • If travelling by public transport – it may be cheaper to buy a railcard or season tickets • Can you use your bus pass? 	

Part 2 – To be completed by a health or social care professional

Enter the details of the GP, consultant, physiotherapist or social worker who is supporting this application	Name		Role	
	Address			
	Phone			e-mail

This section must be completed by the appropriate professional (detailed above) who knows about the patient and their condition and can comment both on their circumstances and this application.	
The need for support is caused or aggravated by GBS/CIDP or a variant	Yes / No
A clear need for assistance exists	Yes / No
The benefits proposed are related to the need	Yes / No
Diagnosis	Date of onset

Background / Endorsement of this application	
How long have you known the patient?	
When did you last see the patient?	
Expected date of discharge	

Please sign and date below and endorse with your official stamp		
I support this application		
OFFICIAL STAMP	Signature	Date

Any questions please call 01529 469910 (between 0900 and 1500 Monday to Friday) or email us at office@gaincharity.org.uk

Please return this form to: GAIN, Woodholme House, Heckington Business Park, Station Rd, Heckington, Lincs, NG34 9JH