

Main/Registered Office: Signposts, 58 Regent Road, Morecambe, LA3 1TE

Telephone : (01524) 419021

Fax : (01524) 411541



E-mail: signpostsmarc@signposts.org.uk

Website: www.signposts.org.uk

**“Working to Empower the Community”
in Lancashire and Cumbria**

Pamela Beswick - Chief Executive Officer

Community
Legal Service



Help Point

SIGNPOSTS WELFARE FUND APPLICATION FORM

Please read the accompanying information sheet before filling in this form. All information is given in strictest confidence. Please complete the form (PRINT IN BLOCK LETTERS, PLEASE) and return it to :-

Signposts Welfare Fund
58 Regent Road
Morecambe LA3 1TE

For reasons of confidentiality applications should NOT be sent by Fax.

Section 1 - Applicant's Details

First Names _____

Family Name _____

Address _____

_____ Postcode _____

Telephone Number _____ Date of Birth _____

Accommodation (Please Tick)

Council/Housing Association

Temporary or B&B

Private Rented

Owner Occupied

Other (please specify)

Make up of Household (Please Tick)

Partner

Alone

Two Parent Family

Flat Share

Single Parent Family

If a family, number of
dependent children

Charity Registration Number: 1117645
Member of AdviceUK (previously FIAC)

Company Limited by Guarantee: 5990592
Registered in England and Wales



North Lancashire
Teaching Primary Care Trust



INVESTOR IN PEOPLE

Additional major funding from Preston City Council, the FC Scott Charitable Trust and Tudor Trust

Section 2 - Confirmation of HIV Status

Has applicant received financial assistance before ? YES NO

If YES, from where ? _____

If NO, we need a hospital or doctor's letter confirming symptomatic HIV/AIDS.

Section 3 - Income

Do you receive any of the following benefits? (Please Tick)

Income Support

Incapacity Benefit

Disability Premium - If so which rate _____

Severe Disability Premium

Unemployment Benefit

Disability Living Allowance

Mobility Component - at which rate _____

Care Component - at which rate _____

Do you receive any income apart from DSS benefits? YES NO

If YES, what ? _____

If living with a partner, what is the partner's income?

Benefits _____

Other (please specify) _____

Section 4 - D.S.S Social Fund

Is the applicant eligible to apply to the D.S.S. Social Fund? YES NO

If the request is for any of the following the *applicant must apply to the D.S.S. Social Fund first* :- household items, essential electrical items, clothing, bedding or decorating. If your request is not covered by the D.S.S. Social Fund, go to Section 5.

What was the outcome and amount of any loan/grant awarded on application to the D.S.S. Social Fund? _____

Section 5 - Details of Help Needed

What item or service is help needed with? _____

Please note that for household bills we need the original complete bills - estimated bills will not be considered.

Please use the space below to explain the applicant's circumstances. For any household bills, please explain why the applicant cannot afford or has not been able to budget for this bill.

For other item or service, please state how it will improve the quality of the applicant's life.

Section 6 - Referring party details

Name _____

Position _____

Organisation _____

Address _____

Postcode _____ Telephone number _____

If you require more forms, please tick here :

I confirm that to the best of my knowledge, and at the time of this application, all information given on this form is correct and complete.

Signature (referring party) _____ Date _____

Section 7 - Applicant's signature

I confirm to the best of my knowledge and at the time of this application, all information given on this form is complete and correct. I understand that the details on this form may be discussed with other grant-giving organisations.

Signature _____ Date _____

INCOMPLETE FORMS MAY BE REJECTED. PLEASE CHECK THIS APPLICATION

ACTION TAKEN - FOR OFFICE USE ONLY

Date received _____ Date completed _____

Comments:-

Payment made to _____

Cheque date _____ Cheque No. _____ Amount _____

Agreed by _____ Authorised by _____