



Gloucestershire Disability Fund

helping with life's challenges

DISABILITY GRANTS FOR INDIVIDUALS

GRANT APPLICATION FORM

DISABILITY GRANTS FOR INDIVIDUALS

Guidance Notes

Please read these guidance notes before completing the application form.

Our **Disability Grants for Individuals** support people with a physical, sensory or learning disability living in Gloucestershire to pay for items or services that address a specific challenge AND are clearly linked to their disability.

Grants:

- Are one-off awards
- Have no fixed upper limit. Most grant awards are under £1,000. Any application for more than £1,000 must demonstrate clearly that the solution is proportionate to the need.
- Are awarded at the discretion of our Trustees

Who Can Apply?

You can apply if you:

- Live full-time in Gloucestershire
- Have a physical, sensory or learning disability
- Receive a statutory disability benefit
- Applying for something directly linked to your disability

Important

In accordance with our governing documents, we are unable to award grants where the primary condition is a mental health condition or illness.

What we can and cannot fund

We can consider funding for:

- Items or services that address a specific challenge associated with your disability

We cannot fund:

- Items or services that have been ordered or purchased before making an application or before a grant decision is made
 - Mobility scooters
 - White goods and flooring, unless the need is directly linked to your disability
 - Holidays
 - Everyday living, social or healthcare costs
 - Items normally provided by statutory services
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Timings

The deadline to apply is the **15th of each month**. If you apply by this date, your application will usually be considered at the trustees' next grant meeting, held the following month.

What else do you need to know:

- Only one application per person per 12 months
 - Applications must include a copy of your disability benefit award letter for Personal Independence Payment (PIP), Disability Living Allowance (DLA), Attendance Allowance (AA) or Armed Forces Independence Payment (AFIP)
 - A supporting letter or assessment from a relevant professional is required for specialist equipment. Examples of specialist equipment we have funded include magnifiers, OrCam assistive reading devices, Phonak Roger radio aid equipment, riser recliners, rollators and Synaptic mobile phones
 - You will need to provide one quote for an item or service up to £500, and two quotes for items or services £500 and over. This can be a formal supplier quote, or a screenshot of a supplier's published price for the item or service requested
 - Grant funds are not paid directly to applicants but will be paid to the supplier or service provider upon receipt of an invoice.
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Application checklist

Check that you have:

- Fully completed and signed the application form
 - Included a copy of your disability benefit award letter (PIP, DLA, AA or AFIP)
 - Included one quote or screenshot of a supplier's published price, or an item or service up to £500, and two quotes or screenshots of two suppliers' published prices, for items or services £500 and over
 - Included a supporting letter or assessment from a relevant professional (e.g. occupational therapist or social worker) if applying for specialist equipment.
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What happens next

If we receive your application by the 15th of the month, you can typically expect to hear the result by the end of the month in which your application has been considered.

Please note that grants are never paid directly to applicants. We use preferred suppliers for most items, and other items or services will be paid to the agreed supplier or service provider upon receipt of an invoice.

We are unable to provide specific feedback on unsuccessful applications.

Reapplying

Applicants can reapply one year after a previously unsuccessful application.

Successful applicants may reapply one year after the grant award date.

Submitting your application form

You can send us your completed application form in any of the following ways:

- Complete the form online here: [How to apply - Gloucestershire Disability Fund](#)
- Email to info@glosdisabilityfund.org.uk
- Post to Gloucestershire Disability Fund, c/o Centre for the Deaf, Colin Road, Barnwood, Gloucester, GL4 3JL.

Need help? Call us on **01452 614890** (Wednesday to Friday, 10:00 – 13:00) or email info@glosdisabilityfund.org.uk

Important! Please read the **Disability Grants for Individuals** guidance notes first.



Please make sure you meet the eligibility criteria:

- You live in Gloucestershire full-time
- You have a physical, sensory, or learning disability
- You receive one of these statutory disability benefits: Personal Independence Payment (PIP), Disability Living Allowance (DLA), Attendance Allowance (AA) or Armed Forces Independence Payment (AFIP)
- You are requesting an item or service that addresses a specific challenge associated with your disability
- You are not requesting an item or service normally provided by statutory services



A checklist of what you will need to hand before you start an application

- A copy of your statutory disability award benefit letter (PIP, DLA, AA or AFIP)
- You will need to provide one quote for an item or service under £500, and two quotes for items or services £501 and over. This can be a formal supplier quote, or a screenshot of a supplier's published price for the item or service requested
- A supporting letter or assessment from a relevant professional is required for specialist equipment. Examples of specialist equipment we have funded include magnifiers, OrCam assistive reading devices, Phonak Roger radio aid equipment, riser recliners, rollators, and Synapptic mobile phones.

SECTION 1: About the person with the disability

This is the person who would benefit from the grant.

1. Title <i>Mr/Mrs/Ms/Mx/prefer not to say.</i>
2. Full Name
3. Home address (including postcode)
4. Telephone number
5. Email address
6. Age
7. Who else lives in the household <i>Please provide their name, relationship to you and their age.</i>

SECTION 2: Person Completing the Form

Only complete if different from the person above.

8. Full name

If this section is completed, all correspondence will be sent to the person named here.

9. Relationship to the person with the disability

(e.g. family member, carer, health or social care professional).

Please include your organisation name if you are completing this form as a health, social care or education professional.

10. Address

Please include your organisation's full postal address, including postcode, if you are completing this form in your capacity as a health, social care or education professional.

11. Telephone number

12. Email

All correspondence will be sent to this email address.

13. Do you have consent to apply on their behalf?

If the person with the disability is under 18, a parent/guardian must give consent.

Please tick one box.

- Yes
- No
- Parent/guardian has consented

SECTION 3: Disability Benefits

To be eligible, the person with the disability must receive a statutory disability-related benefit.

14. Which disability benefit do you receive?

Please select all that apply and indicate the level where relevant.

Personal Independence Payment (PIP)

- Daily Living – Standard rate
- Daily Living – Enhanced rate
- Mobility – Standard rate
- Mobility – Enhanced rate

Please include a copy of your most recent benefit award letter. We cannot assess your application without this letter.

- I have included a copy of my latest PIP award letter with my application

Disability Living Allowance (DLA)

- Care Component – Low
- Care Component – Middle
- Care Component – High
- Mobility Component – Low
- Mobility Component – High

Please include a copy of your most recent benefit award letter. We cannot assess your application without this letter.

- I have included a copy of my latest DLA award letter with my application

Attendance Allowance (AA)

- Lower rate
- Higher rate

Please include a copy of your most recent benefit award letter. We cannot assess your application without this letter.

- I have included a copy of my latest Attendance Allowance award letter with my application

Armed Forces Independence Payment (AFIP)

- Armed Forces Independence Payment

Please include a copy of your most recent benefit award letter. We cannot assess your application without this letter.

- I have included a copy of my AFIP award letter with my application

SECTION 4: Your disability and grant request

The demand for grants often exceeds the funds available to the trustees for grant awards. Applications should include enough information for the trustees to make an informed decision. Applications with a support letter from a relevant health, social care or education professional who can comment on the need and the person with the disability's circumstances are more likely to be successful.

15. Please briefly describe your physical, sensory or learning disability and how it affects your everyday life.

(Maximum 500 words, please submit an extra sheet of paper if needed)

16. What item or service are you applying for?

(Maximum 500 words, please submit an extra sheet of paper if needed)

17. Estimated total cost of item or service (£)

18. How many quotes have you included with your application?

You will need to provide one quote for an item or service under £500, and two quotes for items or services £501 and over. This can be a formal supplier quote or a screenshot of a supplier's published price for the item or service requested.

Please tick one box

- 1 quote
- 2 quotes
- No quote(s)

If you cannot provide a quote or cost information, please explain why.

19. Grant amount requested (£)

There is no minimum or maximum amount. Costs should be reasonable and linked to need.

SECTION 5: Why you need the item or services requested

20: How will this grant improve your daily life?

(Maximum 500 words, please submit an extra sheet of paper if needed)

As part of your answer, please explain:

- *Why you need this item or service and how it directly links to your disability*
- *What difficulty or barrier does it address*
- *How this item or service would improve your quality of life.*

This might include improvements to:

- *Independence or safety*
- *Comfort or dignity*
- *Ability to manage everyday tasks*
- *Ability to take part in community life*

21. If relevant, please tell us about any support you receive from adult household members and why this does or does not meet the need described above.

(Maximum 500 words, please submit an extra sheet of paper if needed)

SECTION 6: Other Support

22. Have you applied elsewhere for help with this item or service?

Yes

No

23. If yes, please tell us which funding organisation and the outcome, if known.

Amount secured: £

Funding organisation name(s):

SECTION 7: Supporting letter or assessment from a relevant professional

A supporting letter or assessment from a relevant professional, for example, a social worker or occupational therapist, can help trustees better understand your need and circumstances and how a grant award could make a positive difference.

Please note: **A supporting letter or assessment is required for specialist equipment**, such as a riser-recliner chair. Other examples of specialist equipment can be found in our Disability Grants for Individuals Guidance Notes. Your application for specialist equipment will not be considered without a supporting letter or assessment.

25. Name of supporting professional:
26. Organisation name:
27. Organisation contact details:
I have included a letter or assessment from the supporting professional named above. <i>Please tick one box</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8: Declaration and Consent

Before signing, please check that:

- The information you have provided is correct and complete
- You have attached all required documents

Please tick to confirm: <input type="checkbox"/> The information provided is accurate and complete <input type="checkbox"/> I consent to Gloucestershire Disability Fund processing my personal data <input type="checkbox"/> I give consent for the name and address of the person with the disability to be shared with suppliers to arrange delivery of goods or services ordered as a result of a grant award. <input type="checkbox"/> I consent to my details being shared with suppliers where necessary
Name: <i>Name of the person with the disability OR the person completing the application form (if different from the person with the disability).</i>
Signature: <i>Signature of the person with the disability OR the person completing the application form (if different from the person with the disability).</i>
Date:

