



MS Research and Relief Fund

"Supporting all people affected by Multiple Sclerosis"

Benmar House, Choppington Road, Morpeth, Northumberland NE61 2HX

Tel: 01670 505829 Fax: 01670 516347

Web: www.ms-researchandrelief.org E-mail: grants@ms-researchandrelief.org

Application for Financial Assistance

Please refer to guidelines before completing this form.

Anybody applying for financial assistance **MUST** fill in all the required parts of this form providing as much information as possible. An advocate, carer or helper may fill the form in on behalf of a person with MS. Completed forms should be returned to the address above. **Important: please read our guidance notes carefully before sending in your form**

Part 1: Personal details

Title First names Surname

Date of Birth / /

Address

Telephone

Post Code

Have you or the person you are applying for been diagnosed with MS? Yes / No

Do you have any children living at home? Yes / No

What are their ages

Do you live with a partner? Yes / No

Partners full name

Partners date of birth / /

Name and Address of GP
(We will only consult them with your consent)

Do we have your permission to contact your GP if necessary? Yes / No

2. PURPOSE OF GRANT APPLICATION

For what purpose would grant funds be used? (Tick appropriate box)

Wheelchair

Holiday

Aids/Equipment

Respite Care

Home adaptations

Other

Please provide further information on the item in the space below. You can also use the space to give any details you feel are relevant to your application. The more information we have, the sooner a decision can be made.

If you have been assessed for this item, please provide contact details or a copy of the letter of confirmation from the person who provided the assessment,

All grant applications **must** be accompanied with a written quotation from the supplier of the goods or service applied for.

Part 3: Income

ITEMS IN THIS BOX MUST BE COMPLETED ON ALL APPLICATIONS.

If an item is nil, please enter 0.

SAVINGS

Please state if you have ANY form of savings, and the amount.

I DO/DO NOT* HAVE ANY FORM OF SAVINGS (*delete as applicable)

Amount of any savings.

TOTAL COST OF ITEM

CONTRIBUTIONS

Please tell us below how much has already been raised or promised for this item:

Own contribution

Social Services

D.S.S.

Charities / Trust funds

Health Authority

Other contributions

TOTAL of contributions

Balance remaining

Amount of Assistance Requested

Please give details of current or last employer

Partners employer

If you or a family member are, or have been, in the armed forces please give details.

Please give details of any professional or trade union you have been a member of.

MS Society Contribution

It will help us deal with your application if you can tell us if you have also applied to the MS Society for financial assistance. Please state if you have done so and the outcome of the application.

I have / have not* applied to the MS Society (*delete as applicable)

Amount granted by the MS Society

National Welfare contribution

Branch contribution

Total

Please provide confirmation / contact details of any MS Society contribution.

Income Support

People in receipt of Income Support **do not** have to complete the Income and Expenditure table on Page 5.

PLEASE SIGN BELOW IF YOU ARE IN RECEIPT OF INCOME SUPPORT/ESA OR PENSION CREDIT.

I am in receipt of Income Support

Signed

Date

Please provide evidence of your eligibility to any of the above benefits.
(eg. Photocopy of your Notice of Award).

IMPORTANT: People in receipt of Income Support OR who have received financial assistance from the MS Society DO NOT need to complete this section.

Please give details of your income and expenditure below.

Please state if the figures you give are weekly or monthly amounts.

Income

If you would like advice or information about any of the a related issue please contact us at Benmar House and w

	WEEKLY/MONTHLY	
Earnings	<input type="text"/>	<input type="text"/>
Partners Earnings or Income	<input type="text"/>	<input type="text"/>
Statutory Sick Pay	<input type="text"/>	<input type="text"/>
Incapacity Benefit	<input type="text"/>	<input type="text"/>
Severe Disablement Allowance	<input type="text"/>	<input type="text"/>
Disabled Persons Tax Credit	<input type="text"/>	<input type="text"/>
State Retirement Pension	<input type="text"/>	<input type="text"/>
Private/other Pension	<input type="text"/>	<input type="text"/>
DLA Mobility Component	<input type="text"/>	<input type="text"/>
DLA Care Component	<input type="text"/>	<input type="text"/>
Attendance Allowance	<input type="text"/>	<input type="text"/>
Invalid Care Allowance	<input type="text"/>	<input type="text"/>
Child Benefit	<input type="text"/>	<input type="text"/>
Housing benefit	<input type="text"/>	<input type="text"/>
Any other benefit	<input type="text"/>	<input type="text"/>
Any other Income	<input type="text"/>	<input type="text"/>
TOTAL INCOME	<input type="text"/>	<input type="text"/>

	WEEKLY/MONTHLY	
Mortgage	<input type="text"/>	<input type="text"/>
Rent	<input type="text"/>	<input type="text"/>
Council Tax	<input type="text"/>	<input type="text"/>
Water Rates	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Television	<input type="text"/>	<input type="text"/>
TV License	<input type="text"/>	<input type="text"/>
Bank Loan	<input type="text"/>	<input type="text"/>
Hire Purchase Agreements	<input type="text"/>	<input type="text"/>
Other Credit or Loans	<input type="text"/>	<input type="text"/>
Car Repayments (Not Mobility Vehicles)	<input type="text"/>	<input type="text"/>
Other expenses (please list below)	<input type="text"/>	<input type="text"/>
TOTAL EXPENDITURE	<input type="text"/>	<input type="text"/>

PLEASE ENSURE THAT YOU SIGN THE DECLARATION BELOW.

DECLARATION

To the best of my knowledge the information I have given is accurate, and I apply for financial assistance.

I also accept that upon receiving a grant, I will be asked to provide information on the benefits it has generated, by completing an evaluation form.

Signed.....Date.....

Name (Print).....

CHECKLIST : BEFORE YOU SEND IN YOUR COMPLETED APPLICATION:

- **Make sure you have completed the finance box on page 3.**
- **Enclose evidence of Income Support, ESA or Pension Credit if declared on page 4. if declared on page 4.**
- **Enclose copies of supporting letters from Occupational Therapist, Social Workers, Doctor, etc.**
- **Enclose copies of quotations for the item or service.**

DATA PROTECTION – How we use your information

The information you provide to us on this application will be used only for the purposes of assessing your application for grant funding. It may be necessary, especially if you have applied to other organisations, for us to talk to such organisations and share some of the information you have provided here. By signing this form, you agree to the sharing of this information for this purpose.

Should you require further details on the safe storage and handling of sensitive personal information, please feel free to contact us at the address on the front of the application form.

How did you hear about MSRRF Grants?

PLEASE NOTE

Grant applications will only be considered on receipt of a completed grant application form. However you may be contacted for further information before a decision can be made.

Requests for grants will normally be acknowledged within 10 working days.
We will clearly state the reasons for an unsuccessful grant bid.

GRANT APPLICATION GUIDANCE NOTES FOR INDIVIDUALS

The Multiple Sclerosis Research and Relief Fund aims to provide support to people affected by MS. This is done in a number of ways - one of which is the award of financial grants towards the cost of aids, equipment or services, which may help relieve the symptoms of Multiple Sclerosis or improve quality of life. Because of the diversity of MS, grants may be wide-ranging according to the needs of individuals.

Grants will be considered for all those people with MS, their immediate family or carers.

If possible please enclose any supporting information you may have, eg. from an MS Nurse, Occupational Therapist, Social Worker etc.

The Multiple Sclerosis Research and Relief Fund recommends that where appropriate, grant applications should be made to relevant statutory bodies.

When possible the Charity will work with other charitable bodies (eg. the MS Society) in order to contribute towards a package of funding.

What we will fund:

- **Respite/Residential/Nursing Care Costs**

The Charity will grant a maximum of £300 per week.

- **Aids/ Adaptations and Equipment**

The Charity will generally award a grant of up to 50% of residual amount but will not exceed a total of £600.

- **Alterations to current Accommodation**

The Charity will generally award a grant of up to 50% of residual amount but will not exceed a total of £600.

Any work carried out **MUST** be by an professionally qualified builder/contractor.

- **Miscellaneous Items**

Funding miscellaneous items allows the Charity to support individual requests that fall outside the usual requests e.g. costs towards holidays, social outings, transport etc.

The Charity will generally award a grant of up to 50% of residual amount but will not exceed a total grant of £600

In exceptional circumstances the Charity may decide to award individual grants outside the scope of its normal grant activity.

What we will *not* fund:

The MS Research and Relief Fund is unable to make any award for retrospective funding, i.e., items or alterations already purchased / ordered.

We will not provide funding for complementary therapies.

