



Catholic Children's Society (Plymouth)

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GRANT APPLICATION FORM

To be completed by the applicant or 'in the words of the applicant' by a referee

All applications are assessed individually so please give as much information as you can. As this form is reviewed by a panel of grant makers please **do not write any personal identification details on this side of the form to help maintain confidentiality**. The form must be signed by the referring officer and the individual making the application. Please telephone the office if you are unsure how to complete the form or for advice on eligibility, guidelines can also be found on our website. **Shaded boxes are for office use only**

Reference allocated		Referring agency	
Number and ages of children in the family		Number of adults in the family	
<p>Which of the following benefits do you get? <i>We ask this question to identify if you may qualify for additional help with your finances.</i></p> <p>ESA <input type="checkbox"/> JSA <input type="checkbox"/> Child Tax Credits <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Income Support <input type="checkbox"/> DLA/PIP <input type="checkbox"/></p> <p>Carer's Allowance <input type="checkbox"/> Council Tax Benefit <input type="checkbox"/> Other <input type="checkbox"/> (please clarify)</p>			
<p>Have you applied to any other funding sources? If so, please tell us where.</p>		<p>Do you think there may be benefits you might be eligible for but have not yet applied for?</p>	
<p>What is the item (or items) you need for your family? <i>If there are a number of items you need if you could list these according to urgency of need.</i></p>			
<p>Please tell us about your family circumstances and how a grant will help your family. <i>Please tells us how your child(ren)'s life will be better for having the item at home e.g. having a washing machine would mean clean clothes, money saved on launderette costs; having beds will mean the children will be able to have good sleep at night and be ready for school etc. Please tells us if you are working even if it is in a voluntary capacity. We like to hear this in your own words so we can understand how the grant would help you as a family.</i></p>			
Amount requested		Amount granted	Grant /Loan
<p>Please note we will not make payment to applicants. All items are purchased by the Society on the applicant's behalf from our preferred supplier. If you have an alternative preferred provider of the items please state here.</p>			
Date received	Members consulted		Date Granted/ Refused

Individual requiring the grant (please print name)

Signature

Contact address

Telephone number

Email address if applicable

Application submitted by (when the form is not submitted by an individual)

Print name

Telephone number

Email address

Signature

Once the office has received your application it will be allocated a reference number and if you have provided an email address you will be informed of that number. Please make a note of it and refer to it in any communication when following up an application.

All information supplied on this form will be kept confidentially and in accordance with the Data Protection Act. We will not contact you for any other purpose than in connection with this application unless you consent.