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| **Client Information** | | |
| **Client ATT Number:** |  | |
| **Client Name:** |  | |
| **Town/City and Post Code:** |  | |
| **RG decision and date:** |  | |
| **Date of entry into the MSVCC contracted service:** |  | |
| **CG decision and date (if applicable):** |  | |
| **Exit date from MSVCC contracted service (if applicable):** |  | |
| **Gender:** |  | |
| **Date of Birth:** |  | |
| **Country of origin:** |  | |
| **Immigration Status:** |  | |
| **Name of Provider, Support Worker name and telephone number:** |  | |
| **Type of support provided (Accommodation support or Outreach support):** |  | |
| **Application Details** | | |
| **Amount of funds being requested: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (max £500)**  **Please provide a breakdown of costs for the items/goods/services to be purchased/paid for and where they will be purchased/obtained from:** (please note:*if an agreement for funds is made, the support worker will make the purchase/payment with or on behalf of the client, if this is not possible, please contact The Grant Co-ordinator)* | | |
| **Reason for Application** | | |
| 1. **Could you please provide as much information as possible to substantiate the application, providing details of the reason why the above is needed as a priority?** 2. **Could you please provide full details of all that has been done to obtain what the client needs prior to applying to the Salvation Army Survivors Support Fund?** 3. **What income does the client (and their family) receive including any benefits? – please provide a breakdown:** 4. **Does the Service User have their own savings to support? Please provide details:** 5. **Could you please provide details of how the funds will make a difference and what it will enable the client to go on to do? Please provide as much detail as possible.** 6. **If possible, please provide background information relating to the client to give some context to the application?** | | |
| **Checklist** | | |
| **Could you please consider the following questions that maybe relevant to the request for funds and provide further information on your response to the relevant questions:**   |  |  | | --- | --- | | **Type of Request** |  | | Rent -deposit/rent in advance | |  | | --- | | Have you applied to the local authority for support with the clients housing? | | Have you confirmed the client can cover the monthly rent and living expenses? If so, how | | Has an application been made for an advance on Universal Credit to cover the rent deposit/rent in advance? | | | Household items and furniture | |  | | --- | | Could the items be supplied second-hand to reduce cost?  Have local charity shops, local organisations been explored to obtain the things needed?  Does the client have any special requirements that means second-hand items are not suitable?  Have you asked the local authority for a grant/crisis loan/emergency payment? | |  | | | Technology:  Laptop, Tablet,  Mobile phone etc | If technology is required to access the services clients are entitled to under the Victim Care Contracted service –has a request been made to the contract office for the funds as part of the client’s support costs?  What will the laptop/tablet/mobile phone be used for?  Would a tablet be suitable to meet the client’s requirements?  Have you researched local and national organisations that could assist the client to access these items?  If a laptop is required for college work, have you asked the college for assistance to those on low incomes? | | Education and Training courses | Has a free/reduced course been explored?  Has a Learner Support Fund application been made to support costs?  What qualification/accreditation will the client gain from the course – is this a recognised qualification/accreditation?  What will the course allow the client to go on to do following completion of the course? | | Maternity/Baby items | |  | | --- | | Have you provided maternity/baby items as detailed in the MSVCC contract guidance documentation? | | Have you applied to the NASS/VCC Maternity grant to pay for these items? | | | Travel | If the travel is required to access the clients ECAT entitlements – have you made a request for the funds from the MSVCC contract?   |  | | --- | | Is this travel outside of 3miles walking distance of the persons home?  Could a closer alternative be considered? | | Does the service user have any mobility needs?  Have you approached your local care support team to access community travel? | | Have you explored public transport options? | | Have you explored community transport options? | | | Clothing | |  | | --- | | Have you provided 3 sets of clothing as detailed in the MSVCC contract guidance documentation? | | Have you utilised donations and charity shops for suitable clothing? | | | | |
| **Confirmation** | | |
| Please indicate and confirm the following:   1. All risks associated with the application have been assessed and mitigated:   (You may be asked to provide details of the risk assessment).   1. Funds requested are not available through the Victim Care Contract: 2. Funds being requested are not an ECAT entitlement? 3. The applicant does not have recourse to public funds? 4. If the client is an Asylum Seeker with additional needs, you have made an application via the additional funding application process from asylum support: YES, NO or N/A 5. If the client has applied for additional asylum support and has been unsuccessful – could you please provide details of the reasons given. (letter or email response) | | ***YES or NO***  ***YES or NO***  ***YES or NO***  ***YES or NO***  ***YES or NO or N/A*** |
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**Please read the following points carefully and make sure you understand them before dating and signing the form:**

**I declare** that the information I have provided in this application is correct and complete as far as I know and believe.

**I understand** that if it is found that the information provided is knowingly incorrect or incomplete the client may not be eligible for funding from the Survivors Support Fund or may be asked to pay back any funding that has already been awarded.

**I understand** that official receipts must be provided within 3 months of the agreement to funds as proof of purchase/payment for the items/goods/services detailed on this application form and for the amount agreed as per the agreement letter otherwise the application will be cancelled and funds will no longer be available.

**I declare** that if I funds are agreed they will be spent on the items/goods/services that they have been detailed on the application/agreement letter.

Signed: ……………………………………………………. Date: ………….……………………

**Confidentiality:**

Information provided by the person receiving the funds will be used to process the application, to inform and provide feedback with details of how the funds have been spent and the difference it has made. This information will not be used without your permission.

**If permission is given for information to be used as feedback please state: YES or NO**

***For Office use only:***

**APPLICATION NUMBER:**

**Date submitted to The Salvation Army Grant Coordinator:**

***Outcome***: **Approved: □ Declined: □ Date Approved:**

***Comments:***