

HANDICAPPED CHILDRENS 'ACTION' GROUP APPLICATION FORM



Handicapped Children's 'Action' Group was established to help children whose families are unable to afford the equipment they need.

Please read carefully before signing:

1. All applications are carefully considered. No preference is given to race, religion or gender. Applications however, will only be accepted on behalf of children with physical disabilities or learning difficulties up until the age that they leave full-time education.
2. Please complete in as much detail as possible all of the required details of this application form.

On completion, please return this form to:
HCAG, Unit 7, Cleethorpes Business Centre, Jackson Place,
Cleethorpes, North East Lincolnshire, DN36 4AS or
ca.davies110@yahoo.co.uk

On receipt, your application will be registered on our requirements database.

We will then require a letter confirming your child's disability that should be from a professional confirming the need and suitability of the equipment required. Further, if available, we will require a quotation of the equipment required. These should then be forwarded to the contact details above either with the application or following application submission.

3. It is the policy of the charity not to continue with any on-going expenses for the general upkeep and maintenance of the equipment provided. This must be the responsibility of the family receiving the equipment on behalf of their child.
4. Applicants may be asked to contribute to the equipment they require. The amount is dependent on varying circumstances that will be discussed with the applicant.
5. It is understood and agreed that in the event of over-funding for your child's equipment, Handicapped Children's 'Action' Group will hold all excess funds that will be paid into the general charity fund for future applicants. No excess funds will be paid to any family.

I AGREE TO THE ABOVE CONDITIONS SHOULD MY APPLICATION BE
ACCEPTED

Signature of parent/guardian (electronic sig if e-mailing):

Date:

PLEASE NOTE: THE DECISION OF THE TRUSTEES IS FINAL AND NO
CORRESPONDENCE CAN BE ENTERED INTO.

**APPLICATION FOR SPECIALIST EQUIPMENT FOR CONSIDERATION BY
THE TRUSTEES**

DETAILS OF CHILD

SURNAME:

CHRISTIAN NAMES:

ADDRESS:

DATE OF BIRTH:

No of brothers: ages:

No of sisters: ages:

DISABILITY:

SCHOOL ATTENDED:

IS THIS A MAIN STREAM OR SPECIAL NEEDS SCHOOL:

What local services are you using at present (if any) regarding your child's disability (eg CDC, Portage etc)

Details of parents/guardians:

NAME:

RELATIONSHIP TO CHILD:

MARRIED/SINGLE:

TELEPHONE No:

EMAIL ADDRESS:

HOW LONG AT ABOVE ADDRESS:

TYPE OF EQUIPMENT REQUIRED:

AT AN ESTIMATED COST OF £:

FINANCIAL REQUIREMENTS

Please complete every question on the income and expenditure sheets, leaving no question unanswered. This will save time when processing your application.

INCOME (£):

Fathers salary:

Mothers salary:

Income support:

Incapacity/invalidity benefit:

Child Benefit:

Working tax credit:

Child tax credit:

Disability living allowance (care):

Disability living allowance (mobility):

Attendance allowance:

Maintenance received:

Severe disability allowance:

Retirement pension:

Occupational pension:

Invalid care allowance:

Housing benefit:

Any other income:

TOTAL MONTHLY INCOME £:

EXPENDITURE (£):

Rent:

Mortgage:

Council tax:

Water rates:

Electricity:

Gas:

Clothing:

Insurance:

Fares/travel:

Car expenses:

Maintenance paid:

Household expenses (to include food and cleaning materials):

Telephone:

Childcare costs:

HP commitments:

TV Licence:

Any other expenditure:

Debts/arrears: (please specify)

TOTAL MONTHLY EXPENDITURE £:

A LITTLE BIT MORE ABOUT YOUR CHILD

It would be helpful to know a little more about you and your child.

Family religion:

Would you consider your child to have learning difficulties?

On a scale of 1(mild) to 10(severe), how would you rate this:

1 2 3 4 5 6 7 8 9 10

What is your child interested in at present, e.g. TV/DVD's, clubs, music etc:

How would you describe your child's personality?

Does the family have any activities they can all be involved with

What is the main breadwinners occupation?

What benefits do you believe the equipment requested will give your child and family?

Over the past years it has become increasingly difficult to secure the funding we need to provide the equipment requested by the many families who approach us. The additional information given above will enable us to approach organisations that may be able to give assistance alongside our charity, therefore enabling us to help provide the equipment much more quickly.

CONFIRMATION OF REQUIREMENTS

- **APPLICATION FORM**
- **A LETTER FROM A PROFESSIONAL DEALING WITH YOUR CHILD, CONFIRMING THE NEED AND SUITABILITY OF THE EQUIPMENT REQUIRED.**
- **A COPY OF THE EQUIPMENT QUOTATION.**

THE WORK OF HANDICAPPED CHILDRENS 'ACTION' GROUP IS DEPENDENT ON A WIDE VARIETY OF FUND RAISING ACTIVITIES AND TO ASSIST IN THIS WORK WE MAY FIND IT BENEFICIAL TO GIVE THE NAME AND AREA OF A CHILD WE ARE RAISING FUNDS FOR.

PLEASE INDICATE BY TICKING BELOW, WHETHER OR NOT YOU WOULD CONSENT TO OUR PUBLICISING YOUR CHILDS APPEAL TO OUR SUPPORTERS.

YES I DO CONSENT TO THE USE OF MY CHILDS NAME AND AREA OF HOME ADDRESS FOR THE PURPOSE OF FUND RAISING.

NO I CANNOT GIVE MY CONSENT TO ANY PUBLICITY.

Signature of parent/guardian:

Dated:

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For office use only below this line.

Ref: Application assessed by:

Date for meeting for consideration: