



NOTES FOR APPLICANTS

1. The Rochdale Fund For Relief in Sickness is a local charity which was set up to help any individual who requires help as a result of hardship caused by sickness, injury, disability or infirmity. This includes both physical and mental sickness, or deprivation of a nature likely to impair physical or mental health e.g. poverty or other adversity.
2. To be eligible to apply for assistance the individual must live in the Borough of Rochdale. This includes Wardle, Littleborough, Middleton, Heywood, Norden, Birtle, Milnrow and Newhey, but not Whitworth.
3. The Trustees can help by providing:
 - Medical equipment for hospitals
 - Equipment for Special Schools
 - Help for individuals by provision of aids for daily living e.g. wheelchairs, hoists, IT equipment, adaptations to homes, special leisure equipment, medical aids etc. Also financial assistance towards the cost of washing machines, cookers, clothing, beds, bedding etc for those with illness in the family.
 - Respite in the form of holidays and outings, nursing aid or comfort, help for close relatives to visit or care for patients.
 - Other items, services and facilities at the discretion of the Trustees.

All grants are made solely at the discretion of the Trustees.

4. The Trustees may also make grants to other bodies, both statutory and voluntary, to assist them in providing equipment, services or facilities which may alleviate the suffering, or promote the recovery of, persons who, as individuals, qualify under paragraphs 1 and 2 above.
5. The Fund cannot help with:
 - Payment of debts, including utility bills, Council tax, Inland Revenue payments etc.
 - Hardship not directly relating to, or caused as a result of, sickness.

6. ALL SECTIONS OF THE APPLICATION FORM SHOULD BE COMPLETED IN FULL TO AVOID ANY DELAY.

Application forms should be returned to: Clerk to the Trustees
Susan M Stoney LL.B.
The Old Parsonage
2 St. Mary's Gate
ROCHDALE OL16 1AP

7. Statutory and voluntary bodies should write to The Clerk to the Trustees with all the appropriate information.

APPLICATION FOR ASSISTANCE

Please type or write in black Ink and continue overleaf if necessary.

1.APPLICANT'S NAME	2. Married / Single / Divorced / Widowed / Partner (Delete as appropriate)	3. AGE
4.APPLICANT'S ADDRESS	5. CONTACT DETAILS (where appropriate): Phone Number: Email address:	
6. Please list members of your family and/or others living with you, stating relationship.		
7. Please give details of the illness causing the hardship (continue overleaf if necessary).		
8. What assistance do you require from the Fund? (Continue overleaf if necessary).		
9. How much money are you requesting from the Fund? (Please provide copies of estimates if possible)		
10. Have you or any members of your family previously received a grant from this or any other Charity? Please give details.		
11. Please list any outstanding debts and the amount of the repayments (incl. loans, credit cards and HP agreements):		
12. Do you receive Housing Benefit? YES / NO	Do you receive Council Tax Rebate? YES / NO	
13. Please give any other relevant information you can think of in support of your application		
14. The information I have given above is to the best of my knowledge, true and correct and I would ask the Trustees to consider my application. Signed: Date: (Where the application is on behalf of a client the Social Worker/Health Visitor etc. should sign)		
NOTE: The Income and Expenditure Form (page 3) and the Professional Support form (page 4) MUST also be completed by all applicants.		

Statement of Income and Expenditure

Please complete this page in full and include ALL household income, not just the applicant

WEEKLY INCOME (£)		WEEKLY EXPENDITURE (£)	
1. EARNINGS		Rent	
How much do you earn? State average weekly income OR average monthly income x12 /52		Mortgage	
2. PENSIONS		Council Tax	
State Retirement Pension		Insurance	
Employers Pensions,		Gas Bill	
Widow's and War widow's Pensions		Electricity Bill	
Any other pensions		Other Heating	
3. BENEFITS		Water Rates	
Universal Credit		Travel Costs (inc car and taxis or buses)	
Unemployment Benefit		Telephone & mobile phone	
Income Support		T.V. Costs (inc. rental, repayments, Sky, TV Licence, cable etc)	
Housing benefit		Loan / HP / Credit Card Payments	
Child Benefit		Social Fund Repayments	
Sickness or Invalidity Benefit		Maintenance & Child Support Payments	
Family Credit		Housekeeping (food, clothes etc)	
Disabled Living Allowance			
Attendance Allowance			
Mobility Allowance			
Widow's and Widowed Mother's Allowance			
Any other Benefits			
4. CHARITIES Payments from Charities / voluntary organizations			
5. OTHER INCOME e.g. Maintenance payments, investments etc. Please state.		Other (please state)	
TOTAL INCOME		TOTAL EXPENDITURE	

Professional Support

All applications should be supported by a professional person such as a doctor, social worker or health visitor.

This page is for the comments of the person supporting this application or acting on behalf of the applicants. Please state clearly why you are supporting the application and then sign your name thereafter and include your Agency's official stamp.

(Please use a separate sheet if required)

Signed _____	Date _____
Print Name _____	Occupation _____
Contact Tel: _____	Email: _____

Agency's stamp

