

**Welfare Support Team Local Welfare Provision Application Form**

**(including Household Support Fund)**

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| **Date of request** |  |
| **Customer’s name** |  | **Date of birth** |  | **National Insurance number** |  |
| **Address (including post code)** |
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| **Contact number and email address** |  |
| **Partner’s Name** |  | **Date of birth** |  | **National Insurance number** |  |
| **Number of children who live with you** |  |
| **Names and ages of any children who live with you** |  |
| **If anyone else lives in your home, please tell us who lives with you and what their relationship is to you** |  |
| **If there is a pensioner in your household, please tell us who and provide their date of birth***If there is someone in your household who is due to reach pension age soon, please tell us their name their date of birth*  |  |
| **If you are applying for help because your money has been affected by COVID-19 (Coronavirus), please tell us how you have been affected and why you are asking for help** |
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| **Tell us what items you need or what costs you are finding it difficult to pay for below** |
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| **Tell us why you need these items and explain why you do not have sufficient money to buy these yourself** |
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| **Tell us what income you receive (whether earnings, pensions or benefits)***List all income you (and your partner, if you have one) receive below* |
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| **Tell us what bank /building society accounts or savings you have (and your partner, if you have one)***List all bank accounts for you (and your partner, if you have one) including the amount you have in each account below. Please then provide the most recent bank statement for each account you have. If you have any other savings, please provide proof* |
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| **Do you or anybody who lives with you have any physical or mental health problems, disabilities or special needs?**  *If* ***“YES”*** *please give details below* |
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| **If you have a support worker, please tell us who they are and how they are helping you***If you do not have a support worker, please leave this blank* |
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| **Additional information***Tell us any other relevant information you think we should be aware of to help us make a decision on your request* |
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| **Reminder checklist** |
| **Please use this checklist to make sure you have provided everything you need to send in with your application.****ALL APPLICANTS**Your most recent bank statement for each account held by you and your partner [ ] If you are asking for help with rent arrears, a rent statement from your landlord [ ] showing the period from when your rent account was last up to date through to the current timeIf you asking for help with heating oil or flooring (carpeting), 2 quotes [ ] **IF YOU HAVE A SUPPORT WORKER**You may want to include a letter from them in support of your application [ ] *(this can be very useful as it helps us to look at the full circumstances* *surrounding your application)*

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| **IF YOU WANT TO GIVE US AUTHORITY TO DISCUSS YOUR APPLICATION WITH SOMEONE ELSE, TELL US HERE** |
| I hereby give my permission for Shropshire Council’s Welfare Support team to discuss my application with the following person/organisation. I understand that this will be all aspects of my application, including financial and health information. |

|  |  |
| --- | --- |
| Name |  |
| Organisation/Relationship |  |
| Contact number |  |
| Customer signature |  | Date |  |
| Partner signature |  | Date |  |

**IMPORTANT****You have not quite finished. You MUST read the information on the next TWO pages and complete these pages fully for your application to continue.**  |

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| **IMPORTANT – DECLARATION**  |

**I DECLARE THAT*** The information I have given on this form is correct and complete. I understand that if I withhold information, give false or incorrect information, or don’t tell you about changes that could affect my award, I may be asked to pay for the items, and I may be prosecuted.

**I UNDERSTAND THAT*** Shropshire Council may share my information with other organisations or services not related to my application if legally obliged to do so, for example to prevent or detect crime or fraud and to protect public funds or assist with my welfare. Otherwise, my information will only be used as detailed in the Welfare Support Team privacy notice which is available on the council’s website shropshire.gov.uk
* Where goods are provided, the Welfare Support Team and the fund we are awarding from accept no responsibility for any issues with those goods. Any issues are between the applicant and the provider of the goods.
* If someone else has helped me to complete my form, Shropshire Council may contact that person to gather additional information.
* Under the Housing Act 1996 as amended by the Homelessness Reduction Act 2017, information limited to my name, address (at the time of the award and my new address if applicable), date of birth, national insurance number, details of why I have asked for help and details of my award may be sent to the council’s Housing Options Team who will send it to the Government (MHCLG) to show how we are working to prevent homelessness.

**I CONSENT TO THE FOLLOWING*** You can use information provided for my Housing Benefit claim / Council Tax Support claim / Council Tax Section 13A Reduction Application / Discretionary Housing Payment application / Council Tax records (if I ask for help with my Council Tax) / Housing Options records (homeless and housing advice) and from limited Social Work records, to enable you to make a decision on my Local Welfare Provision application.
* Where an award from a different Shropshire Council fund is more appropriate, the information I have given in this application can be used to decide that outcome.
* That my support worker (if I have one) may be approached to gather information and to discuss my application, the decision on my application and any recommendations made.

 **I give my consent for this Yes** [ ]  **No** [ ]  **You can withdraw your consent at any time by contacting** **localsupport@shropshire.gov.uk** **or 0345 678 9078.** **PRIVACY STATEMENT**This application and all documents and information related to this application will be treated in line with the Data Protection Act 2018 and may be shared with teams within the authority who can assist with your identified needs or with other local authorities. Any data deemed to be 'sensitive personal data' under the Act will only be used in accordance with our full Welfare Support Team privacy notice which is available on the council’s website shropshire.gov.uk You can withdraw your consent at any time by contacting localsupport@shropshire.gov.uk or by calling 0345 678 9078.**Do you understand and accept this privacy statement, and do you accept and agree that your data will be used as stated in our full privacy notice?**   **Yes** [ ]  **No** [ ] **IMPORTANT – DECLARATION****To fully complete your form, please sign below to say that:** * **the information on this form is correct and complete**
* **you understand and agree to the entire declaration and privacy statement and understand how your information will be used**.

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| Customer Signature |  |
| Date |  |
| Partner Signature |  |
| Date |  |

**THIRD PARTY DECLARATION****If some else has helped you to complete this form, they need to complete this declaration.** I have assisted the applicant to complete this form with details they have provided. I declare that as far as possible I have confirmed with the applicant that the information provided in this form is true and complete.

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| --- | --- |
| Name |  |
| Organisation/relationship |  |
| Signature |  |
| Date |  |

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| **Please ensure you have completed this form in full before sending it in, to avoid delays.**  |

**Please return your completed form to** **localsupport@shropshire.gov.uk** **or post it to:**

**Welfare Support Team**

**Shropshire Council**

**PO Box 4826**

**SHREWSBURY**

**SY1 9LJ**