**Application to the Cystic Fibrosis Trust Home Essentials Fund**

**Cystic Fibrosis Trust provides grants to support people with cystic fibrosis (CF) of any age with the cost of essential household appliances. Our support is focused on people on low incomes.**

1. Please read our grant guidelines, which are available on our website or from the helpline, before filling in this form.
2. Please fill in sections 1, 2, 3, 4 and 6.
3. Please ask a member of your CF Team to complete the supporting statement in Section 5 or to email their statement directly to helpline@cysticfibrosis.org.uk. Your CF Team can also fill out Sections 1, 2, 3, 4 and 6 for you.
4. Once you have completed all sections of the form, you or your CF Team should email it to [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk)
5. We will be in touch within 10 working days to update you.
6. We will also require you to send us details of the item you are applying for as part of the application.
7. **If your application is successful will need to send us a receipt/proof of purchase within a month of receiving the grant.**

We no longer accept applications by post but our Helpline team can help with filling in forms over the phone. Please call 0300 373 1000 (Mon-Fri 10am-4pm) or email [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk) if you have any questions or need any help to complete this form.

We will contact applicants and endorsers to gather more information, for feedback and to offer other support.

In completing this form as an applicant or endorser, you consent that the Cystic Fibrosis Trust will store and process the information provided solely for the purposes of assessing and processing this grant application and future grant application made by/for the applicant.

We will treat any information provided in your application in strict confidence, and will not share it with anyone without your specific consent.

For more information, please see our privacy policy

**Section 1 - Applicant’s details**

**The applicant is the adult or child with cystic fibrosis**

We will contact you about anything to do with your application, so please make sure this information is correct

|  |  |
| --- | --- |
| **Applicant’s name** |  |
| **Applicant’s address** |  |
| **Applicant’s date of birth** |  |
| **Contact name** (parent/carer if applying for a grant for someone with CF who is under 18) |  |
| **Contact email address** |  |
| **Contact phone number** |  |

**Section 2 - Eligibility**

Please confirm that **all** of these criteria are met by putting ‘yes’ or a tick in each box:

The applicant has a diagnosis of cystic fibrosis and

The applicant lives in the UK and is under the care of a UK specialist cystic fibrosis team and

The applicant's household has less than £6,000 in savings or another bank account.

Please confirm that **at least one** of the following criteria are met.

The applicant (or their household if a child):

receive a means-tested benefit. Means-tested benefits include: Income Support; Pension Credit; Housing Benefit; Council Tax support; Income-related Employment and Support Allowance; Income-related Job Seeker's Allowance; and Universal Credit.

**OR**

something unexpected has happened and you are struggling to afford an essential household item. Please tell us what happened:

**Section 3 – Requested item(s)**

|  |
| --- |
| **Please tell us what you plan to use the grant for:** |
|  |
| **Please tell us why the grant is needed and explain how the grant will help you/the person with cystic fibrosis to stay well and look after their CF health** |
|  |

**If you need the grant to replace an item that has broken down, have you checked:**

* If it is covered by a guarantee?
* Whether the item can be repaired (sometimes this can be cheaper than replacing the item)

**We provide up to a maximum set amount for commonly requested items. You can apply for up to the maximum of the set amount for each item.** If what you need costs more than this set amount, please provide reasons as to why the more expensive item is needed in the space below. Please contact us if the item will cost more than the set amount and the grant would be a contribution to the total cost, as we are not usually able to part-fund items.

Maximum Set Amounts per item:

|  |  |
| --- | --- |
| Fridge | £200 |
| Freezer | £250 |
| Fridge freezer | £300 |
| Washing machine | £300 |
| Tumble dryer | £250 |
| Washer dryer | £400 |
| Electric Cooker | £300 |
| Gas Cooker | £350 |
| Bed | Single £200  Double £250 |
| Mattress | Single £230  Double £300 |

*We can only provide Home Essentials Fund grants for beds/mattresses where the need is urgent and essential; this is usually when the person with CF doesn’t already have a usable bed/mattress.*

If you want to apply for home exercise equipment or other items that are not needed urgently, please have a look at our other grant programmes on our website.

|  |  |
| --- | --- |
| **Item details: please include a link to the item you want to buy. You can also send us a screenshot or photo). Without this information your application may not be reviewed.** | **Cost (£)** |
|  |  |
| **Total amount requested** | **£** |

We might share the story of your grant to help us promote our grant programmes and raise awareness of how our support helps people living with cystic fibrosis. To protect your privacy, we always change names and any identifying details when we share these stories. If you prefer that we do NOT share your story, please tick here or write this anywhere on the form:

* Would you like a free benefits check to help confirm you are receiving everything that is available to you?
* Would you like free income maximisation or budgeting help which is provided by our Welfare Team?

**Please remember that if you send us an application that does not mean  
that you will definitely be given the grant.**

* We cannot accept applications for items that have already been ordered or purchased.
* If the application is successful, we ask that you sign up to the free manufacturer guarantee of the appliance.
* We will contact you (or parent/carer if a child) after you receive the grant to request a copy of a receipt/proof of purchase, ask for feedback, or offer other support.
* If you do not provide a receipt you may not be able to apply for future grants from us.
* The appliance/item is owned by you, the applicant (the applicant is the adult or child with cystic fibrosis). This means you should take the item with you if you move.
* If your application is successful you will not be able to apply for another grant for the same household item for 3 years. If you have already received a grant for this item in the past 3 years, please contact us before you apply as we may not be able to accept your application.

**Section 4 - Payment Details**

We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account please contact our helpline.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your name (as it appears on your bank statement)** |  | | | | | | | | | | | |
| **Bank/Building Society** |  | | | | | | | | | | | |
| **Account number** |  |  | |  | |  |  |  | |  | |  |
| **Sort code** |  | |  | |  | |  | |  | |  | |

Next steps:

* If you are completing this form for yourself or someone you care for, please ask your CF team to fill in Section 5.
* If you are a CF professional completing this form on behalf of someone with CF, please fill in Section 5
* Please complete the monitoring form in Section 6.

**Once you have completed all sections of the form, you or your CF Team should email it to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)

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**Section 5 – Supporting statement from the endorser**

**The endorser is a member of your CF Team such as clinician or CF centre social worker**

This section should be completed by the endorser and emailed to us from their professional email account. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

|  |  |  |
| --- | --- | --- |
| **Please tick if they will be emailing their supporting statement** | |  |
| **I confirm that this grant will be used to benefit a person living with cystic fibrosis and that the information given is correct.** | | |
| **Name** |  | |
| **Job title** |  | |
| **Place of work** |  | |
| **Contact number/email** |  | |
| **Please confirm that, to the best of your knowledge, the item is essential to keeping someone with cystic fibrosis as well as possible and the need is urgent** |  | |
| **Please describe how the person with cystic fibrosis will benefit from this grant and the risk to the applicant’s health if they don’t receive the grant.** | | |
|  | | |

Supporting statements can also be emailed separately to us at [helpline@cysticfibrosis.org.uk](mailto:helpline@cysticfibrosis.org.uk)

They must be emailed from the endorser’s professional email account.

**Once you have completed all sections of the form, you or your CF Team should email it to** [**helpline@cysticfibrosis.org.uk**](mailto:helpline@cysticfibrosis.org.uk)

We will contact applicants and endorsers to gather more information, for feedback and to offer other support.

**Section 6 – Monitoring form**

Please help us to monitor the reach and impact of the Cystic Fibrosis Trust’s Welfare Grants programme by answering the questions in this final section. **The information in this section is not used to make decisions and will not affect the outcome of your application**.

**This information is about the person with cystic fibrosis who will benefit from the grant.**  
**Please tick, highlight, circle or underline your answers.**

**Gender** Man  Woman \* Intersex \* non-binary \* Prefer not to say \* If you prefer to use your own term, please specify here …………………….

**How many adults in your household: ………...** **How many children in your household: ………...**

**Age** Under 18\* 18-24\* 25-34 \* 35-44 \* 45-54\* 55+ \* Prefer not to say \*

**Ethnicity**  
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

***White***

English  Welsh \* Scottish  Northern Irish  Irish \*  
British \* Gypsy or Irish Traveller \* Prefer not to say 

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean \* White and Black African \* White and Asian \*   
Prefer not to say \* Any other mixed background, please write in:

***Asian/Asian British***

Indian \* Pakistani  Bangladeshi  Chinese  Prefer not to say \*

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African  Caribbean \* Prefer not to say \*

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab \* Prefer not to say \* Any other ethnic group, please write in:

**Sexual orientation (you do not need to complete this section if the applicant is a child)**  
Heterosexual \* Gay woman/lesbian \* Gay man  Bisexual   
Prefer not to say  If you prefer to use your own term, please write in:

**How did you hear about the Cystic Fibrosis Trust’s grants?** Cystic Fibrosis Trust website \*   
social media \* Hospital/cystic fibrosis team \* Other, please write in:

**What is your household income, per year (including benefits and earnings)?**  
less than £6,000 \* £6,000-£14,999 \* £15,000-£27,999 \* £28,000-£29,999 \*   
£30,000-£44,999  £45,000-£59,999 \* More than £60,000 \* Prefer not to say \*