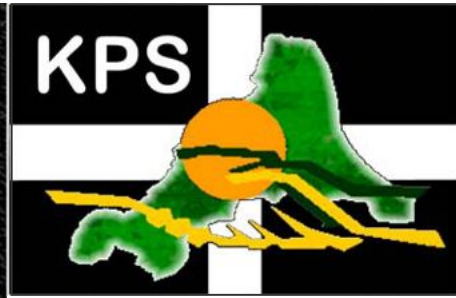




peace of  
mind



hardship  
fund



APPLICATION FORM



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### SECTION 3 – confirmation of HIV status

Have you received financial assistance before? **YES**  **NO**

If **NO** and the applicant is not registered with KPS, official confirmation of HIV diagnosis will be required (*photocopies will not be accepted*)

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### SECTION 4 – income

Which DWP and/or other benefits do you receive?

Unemployment Benefit	<input type="checkbox"/>	Income Support	<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>	Disability Premium	<input type="checkbox"/>
Severe Disability Premium	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>	Council Tax Relief	<input type="checkbox"/>	Job Seeker's Allowance	<input type="checkbox"/>
Independent Living Fund	<input type="checkbox"/>						

Do you receive Disability Living Allowance? **YES**  **NO**

If **YES** please complete the below.

Care Component	<input type="checkbox"/>	What rate?	<input type="text"/>	Benefit		Mobility Component	<input type="checkbox"/>	What rate?	<input type="text"/>
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### SECTION 5 – other income

Do you receive any other income? **YES**  **NO**

If **YES** please give details below of these and amounts (*e.g. Salary, Pensions*).

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## SECTION 6 – *DWP Social Fund and other sources*

Are you eligible to apply to a Community Grant?

YES

NO

If the request is for any of the following, the applicant MUST apply to the Social Fund first if applicable: Household items. Furniture, Essential electrical items, clothing, bedding. If the request is not covered by the Social Fund please go to **section 7**.

**Please note: For essential electrical items and furniture, an applicant should also investigate local furniture projects. Please contact the KPS Office for further details.**

OUTCOME

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## SECTION 7 – *details of help needed*

Please write in the box provided with what item or services is help needed?

**Please note:** for household bills we require the original complete Bills/Statements. Estimates will NOT be considered.

Please use the space below to explain the circumstances. For household bills/statements, please explain why you cannot afford and/or have been unable to budget for this Bill.

For other items and/or services please state how it will improve your quality of life.

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## SECTION 8 – *other important information*

	YES	NO
Have you applied to any other charity/ statutory authority for this item or service?	<input type="checkbox"/>	<input type="checkbox"/>

OUTCOME

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## SECTION 9 – *to whom should any cheque be made payable*

**Please note:** In normal circumstances we cannot make cheques payable directly to the applicant. Cheques are marked only as 'KPS' to ensure the confidentiality of the client.

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## SECTION 10 – *referring party details (if applicable)*

This section **MUST** be completed by applicants not registered as a client of Kernow Positive Support, and accompanied by a confirmation of an HIV-positive diagnosis.

Name  Position held

Organisation

Address   
Post Code

Telephone

If you require more  
Forms please tick the box

I confirm that to the best of my knowledge and at the time of this application all information given on this Application Form is complete and correct.

Signature

Date

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## SECTION 11 – *applicants declaration*

I confirm that to the best of my knowledge and at the time of this application all information given on this application form is complete and correct. I understand that the details of this application may be discussed with other grant-giving organisations.

Signature

Date

INCOMPLETE FORMS MAY BE DELAYED. PLEASE CHECK THIS APPLICATION CAREFULLY

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## SECTION 12 – *for office use only*

Date received

Date completed

COMMENTS

Cheque/Order  
Details

Date:

No:

Amount: £

Applications to the Peace of Mind Fund must be agreed and authorised by a minimum of two officers within KPS Client Welfare Services.

1. *Agreed/Authorised by:*

Hardship Fund Officer(s)

Date

2. *Agreed/Authorised by:*

Trustee

Date

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