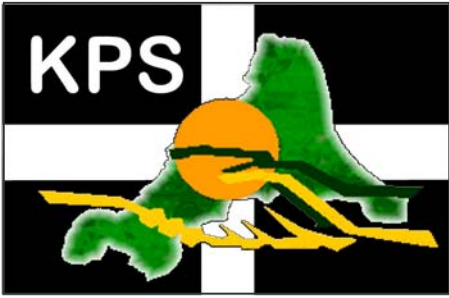


peace of mind hardship fund

Kernow Positive Support

SPECIALISED HIV INFORMATION,
SUPPORT, RESPIRE & RETREAT

APPLICATION FORM



Peace of Mind Fund

Return the completed form to:

KPS, P.O. BOX 85, Bodmin, Cornwall PL31 1ZN. Tel: (01208) 264866. eFax (0870) 1368493.
Email: office@kpsdirect.com - KPS Online - www.kpsdirect.com

PLEASE PRINT IN BLOCK LETTERS.

All information is given in the strictest confidence and is covered by the Data Protection Act.

SECTION 1 – *applicant's details*

Surname First name(s)

Address

Post Code

Home phone

Date of Birth

Accommodation

Council/Trust
Housing

Private
rented

Temporary
or B&B

Owner
occupier

Other (please specify)

Make up of Household

Living
alone

With
Partner

Flat
share

Single
Parent

Two
Parent

Number
of Children

SECTION 2 – *nationality/ethnic origin*

(for statistical purposes only)

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*)

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"/>	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*).

SECTION 6 – DWP Social Fund and other sources

Are you eligible to apply to the Social Fund?

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

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.

SECTION 8 – other important information

Have you applied to any other charity/
statutory authority for this item or service?

YES

NO

OUTCOME

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.

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

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

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

THIS DOCUMENT IS COVERED BY THE DATA PROTECTION ACT
