**Age UK Solihull Winter Grant Scheme Application Form**

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| **Referred by (name/organisation and telephone number):** |
| **Date of Referral:**  | **Charitylog ID Number (Office Use):**  |
| **Client Name:**  | **Tel No:** |
| **Address:** | **Names and Ages of all other people in household (including children):** |
| **Reason(s) household can be described as vulnerable:** |
| **What help is being requested?** |
| **Does the client have any money towards it?** |

 **Have any local or national organisations/charities been approached for funds?**

|  |  |
| --- | --- |
| **SMBC –Local Welfare Provision** | **□ Yes □ No** |
| **A Charity linked to a former occupation or health condition?** | **□ Yes □ No** |
| **Food Bank?** | **□ Yes □ No** |
| **Other? If yes please detail.** | **□ Yes □ No** |

 **Household Income**

|  |  |
| --- | --- |
| **□ Means tested benefits** | **□ Low Income** |
| **□ Housing Benefit or Council Tax Reductions** | **□ Furlough** |
| **□ Disability Benefit** | **□ Other** |

 **Has the client consented to this referral and to audit of this form and any grants awarded by Solihull Council? YES / NO**

 **FOR OFFICE USE ONLY:**

|  |  |
| --- | --- |
| **All due diligence checks completed with referrer/client**  **YES / NO** | **Who by:** |
| **Amount of Grant Awarded:** | **Method of Grant Award:** |
| **Authorised by (Director of Services/Acting Hubs Manager)** | **Date:** |

 **Method of Payment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **□ Cash**  | **□ Credit Card** | **□ Equals Card** | **□ Prepaid Voucher**  | **□ Vol Exps** | **□ Contractor to Invoice** | **□ Other** |