**Office use:**

Date received:

Decision & date:

Date actioned:



**COST OF LIVING SUPPORT FUND APPLICATION FORM**

**Guidance notes (please read before completing)**

Motor Neurone Disease Association grants are designed to make a difference to those living with or affected by motor neurone disease (MND). The Cost of Living Support Fund has been introduced to support people living with MND facing financial hardship with a one-off payment towards household bills and food shopping up to a maximum of **£350**.

Please contact our Support Services team on **0808 802 6262** if you require any advice before applying.

**Exclusions**

The Association will not provide a grant in the following instances:

* Equipment and adaptations that are a statutory responsibility
* Retrospective funding
* Emergency healthcare needs
* Funeral costs
* Repayment of debt
* Legal fees

The Association may provide a grant in exceptional circumstances and the process is detailed in our [Support Grant Guidance](https://www.mndassociation.org/app/uploads/2022/09/Support-Grant-Guidance-September-2022.pdf) in Section 7.

Please complete the application form as fully as possible – **all questions are mandatory unless marked otherwise (see Appendix A for further exceptions).** Ensure all required information is provided as incomplete application forms will result in the application being delayed while further clarification/information is requested.

The completed application form and supporting documentation should be returned to the Support Services team by email at support.services@mndassociation.org or by post at the address below.

Motor Neurone Disease Association
Francis Crick House

6 Summerhouse Road,

Moulton Park, Northampton

NN3 6BJ

**Disclaimer**

Please note that the Association is not a party to any agreement that you may enter into with the service provider, it has not vetted the service provider, nor does it endorse the service provider or accept any liability for any loss that may be incurred or any responsibility for any issues or problems that may arise as a result of your dealings with the service provider.

**1.DETAILS OF PERSON WITH MND**

|  |  |
| --- | --- |
| **Title** Mr/Mrs/Ms/Miss/Mx/Other/No title............**First Name** **Surname** | **Gender** Male [ ]  Female [ ]  Non-Binary [ ]  Trans [ ] Other [ ]   |
| Date of birth | Date of diagnosis |
| Religion (see Appendix A) | Sexual Orientation (see Appendix A)  |
| NHS Number (if known) | Ethnicity (see Appendix A)  |
| Do you receive any means tested benefits and if so please can you provide details of what these are? (optional and any information will be used anonymously)  | Preferred contact name and method for queries relating to this application: -Name……………………………………………….[ ] …Telephone[ ] …Email |
| Address Postcode | **Work History/Professions**Providing us with the person with MND’s work history enables us to potentially approach other charities that support families of people who currently, or have previously, worked in specific jobs/professions/armed forces, and may be able to help with the cost of the item/service you require. Please list as many as applicable: - |
| E-mail address: |
| Telephone: |

**2. DETAILS OF PERSON MAKING THE APPLICATION – if different to above**

|  |  |
| --- | --- |
| Name of person making the application:  | Connection to applicant (Association Visitor/Family Member/Other |
| Address:Postcode:E-mail………………………………………………………..Telephone …………………………………………………. |

**3. GRANT DETAILS**

|  |
| --- |
| 1) Amount requested (**up to a max £350**)2) Please explain why the Cost of Living Fund is required and how it will be used |

**4. PAYMENT DETAILS**

If the grant from the Association is agreed, arrangements will be made for the grant to be paid to the recipient by bank transfer.

**5. DATA PROTECTION STATEMENT**

|  |
| --- |
| The Association will follow procedures for recording, storing, and updating personal information all of which will comply with the Data Protection Act 1998 and any subsequent legislation including the General Data Protection Regulation.  We may occasionally share your information within the Association and with local health and social care professionals where it helps with your care and support or with development of better services.  If you have already expressed a preference for future contact, we will follow these, if not we may ask you for your views on how our services might be improved. If you do not want us to be in contact, please let us know on support.services@mndassociation.org Please see our privacy policy on our website [www.mndassociation.org](http://www.mndassociation.org) for full details of how we use your information.  In making this application I consent to:* This application being made for/on my behalf
* Details of this application being held on record by the MND Association
 |
| **Signature**  | **Date:**  |

**6. RETURNING THE FORM**

|  |
| --- |
| The completed form should be returned by email to support.services@mndassociation.org  |

**Appendix A**

This information is not mandatory and is used anonymously to help us determine to what extent different communities are and are not using our services or engaging with us and most importantly to then identify and remove barriers to participation. We are committed to becoming a fully inclusive organisation.

**\*Ethnicity Codes**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| A - White | English / Welsh / Scottish / N Irish / British | A01 |
| Irish | A02 |
| Traveller | A03 |
| Any other white background | A04 |
| B - Mixed / multiple ethnic groups | White and Black Caribbean | B01 |
| White and Black African | B02 |
| White and Asian | B03 |
| Any other mixed / multiple background | B04 |
| C - Asian / Asian British | Indian | C01 |
| Pakistani | C02 |
| Bangladeshi | C03 |
| Chinese | C04 |
| Any other Asian background | C05 |
| D - Black / African / Caribbean / Black British | African  | D01 |
| Caribbean  | D02 |
| Any other Black / African / Caribbean background | D03 |
| E - Other ethnic group | Arab | E01 |
| Any other ethnic group | E02 |
| F  | Prefer not to say | F01 |
| Unknown |  | U01 |
| Any other |  | O01 |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Religion** |
| Heterosexual | Christian |
| Lesbian | Muslim |
| Gay | Hindu |
| Bisexual | Buddhist |
| Other | Jewish |
| Prefer not to say | Atheist |
|  | Jain |
|  | Sikh |
|  | Other |
|  | Prefer not to say |