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**MND SUPPORT (CARE) GRANT APPLICATION FORM**

**(to be completed by a Health & Social Care Professional following an assessment)**

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

Our Support (Care) grant is predominantly for equipment or adaptations requiring professional expert assessment and by completing the form you are confirming that a full assessment has been carried out to establish the need and suitability of the item or service requested.

Funding is limited, and applications will be assessed based on need and impact. Please note that the MND Association cannot use its resources to replace statutory responsibilities, therefore for grants towards items or services where an assessment is required, evidence must be provided to confirm that statutory services provision has been investigated. Evidence must detail why provision is not available or the likely timescale where there is a delay.

We cannot always award grants at the category maximum; these amounts are a guideline only.

We may award any amount *up to* the maximum and we strongly recommend that you call our MND Connect team on 0808 802 6262 to discuss, before submitting an application.

**Exclusions:**

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

* Equipment and adaptations that are a statutory responsibility
* Medicines/ drugs that are a statutory responsibility
* Medicines/drugs that are unproven treatments
* Retrospective funding
* Emergency healthcare needs
* Equipment for assessment for use by health and social care professionals unless with the express approval of the director or deputy director of care improvement

For more details on exclusions on all our grants, please see section 5 of our [Support Grant Guidance.](https://www.mndassociation.org/app/uploads/2022/09/Support-Grant-Guidance-September-2022.pdf) The Association may also provide a grant in exceptional circumstances, this is detailed in in Section 7.

Please complete the application form in full – **all questions are mandatory.** Quotations (or supporting evidence of expected costs) must be included. Incomplete application forms will result in the application being delayed.

The completed application form and supporting documentation can be returned by email to support.services@mndassociation.org or by post to: 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: |
| NHS Number (if known): | MND Association membership number (if known): |
| Address: Postcode: | Preferred contact name and method: -Name………………………………………………[ ] …Telephone[ ] …Email  |
| E-mail address: |
| Telephone: |
| GPs name and address : |
| **\*Optional** – Work History/Profession(s)There are other charities and organisations, linked to current and former occupations, who may be able to help you with additional financial support. For example, [SAFFA,](https://www.ssafa.org.uk/) [The Charity for Civil Servants](https://www.cfcs.org.uk/help-advice/caring-for-others/caring-and-finances/), [Royal British Legion.](https://www.britishlegion.org.uk/)To enable us to signpost you to other charities/organisations, please list below your current or previous work occupation(s)/profession(s): -Alternatively, you might find our [Other sources of funding](https://www.mndassociation.org/sites/default/files/2023-06/Other%20sources%20of%20funding%20pdf%20updtaed%20June%202023.pdf) document useful which has links to other charities and organisations (*please note the list isn't exhaustive and we do not endorse any of the organisations listed).* |

**2. DETAILS OF REQUESTING PROFESSIONAL**

|  |  |
| --- | --- |
| Full name of requesting professional: | Job title: |
| Address:Postcode: | Preferred contact method for queries relating to this application: -[ ] …Telephone[ ] …EmailNormal working hours when you can be contacted:………………………………………… |
| E-mail: |
| Telephone: |
| Contact name and telephone/e-mail of a colleague who can be contacted if you are unavailable:Name…………………………………………[ ]  Telephone …………………………….........[ ]  Email ……………………………................ |

**3. DETAILS OF MND SUPPORT GRANT REQUEST**

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| Is the person with MND eligible for and/or in receipt of any of the following:Continuing Healthcare [ ] **Yes** [ ] **No**Disabled Facilities Grant [ ] **Yes** [ ] **No**If **yes,** please provide details:........................................................................................................................................................... |
| Is this item or service available via the NHS, local council, local authority or community stores?[ ] **Yes** [ ] **No**If **yes,** please advise why you are not sourcing the item or service through these channels (e.g. not timely):...............................................................................................................................................................................................................................................................................................................If **no,** please advise why:............................................................................................................................................................... |
| All applications are reviewed on a case-by-case basis and consider what the applicant can contribute towards the equipment/service. Please advise how much can be contributed... £ |
| Amount of support requested **£**..............(please see Appendix A for guide amounts on offered support)**Supporting statement** Please provide full details of what this grant will be used for and include any relevant information that will help us to process the request. This may include how the grant will improve the quality of life for the person with MND and/or their carer. |

**4. PAYMENT INFORMATION**

**If a contribution from the MND Association is agreed, we will contact the relevant person/supplier to arrange direct payment where appropriate.**

**5. STATEMENT BY THE REFERRING PROFESSIONAL**

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| If this application is approved, I confirm:* The equipment or service was suitable at the time of the application and met the person with MND’s needs.
* If the item is rented, a re-assessment of needs will need to be carried out and a new application will need to be submitted should further funding be required for an extended rental period.

I also confirm the following: -[ ] **All questions have been answered.** [ ] **Quotation/evidence of expected costs is enclosed.**  |
| **Signature of referring professional:**  | **Date:**  |

**6. DATA PROTECTION STATEMENT**

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| Has the person with MND consented to this application and the sharing of their contact details? [ ] **Yes**[ ] **No**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](https://www.mndassociation.org/) for full details of how we use your information.   |
| **Signature of person with MND:***(Professional can sign on person’s behalf)* | **Date:**  |



**Appendix A**

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| **Support (Care) Grant Category** | **Guide £** |
| Adaptations | \* |
| Alarms/Telecare (purchase or rental) | £150 |
| Bed and Bed Accessories (purchase or rental) | £750 |
| Computer Access (purchase or rental) | £450 |
| Environmental Controls (purchase or rental) | £500 |
| Feeding Aid (purchase or rental) | £1000 |
| Head Support (purchase or rental) | £150 |
| Hoist/Lifting Equipment (purchase or rental) | £800 |
| Mobile Arm Support (assessment) | £983.81 |
| Personal Care | £500 |
| Ramps (purchase or rental) | £750 |
| Specialist Chair/Seating (purchase or rental) | £945 |
| Stairlift (Straight/curved, purchase or rental) | £1,500 |
| Stair climber (purchase) | £500 |
| Washer/Dryer WC (purchase) | £1,500 |
| Respiratory | £1000 |
| Respite Care (at home or residential) | £1000 |
| Vehicle (wheelchair accessible vehicle) | £1000 |
| Vehicle Adaptation  | £1000 |

\*Case by case basis