|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of recommender** | | |  | | | | | | | |
| **Profession of recommender** | | |  | | | | | | | |
| **Date** |  | |
| **Application in respect of**  *(family surname)* | | |  | | | | | | | |
| **Present Address** | | |  | | | | | | | |
| **Names and Ages of children in the household**  *(please underline the names of those on whose behalf this application is made)* | | |  | | | | | | | |
| **Do both parents reside at this address?** | | | | **Yes** | | | **No** |
| *If no, who is the carer:* | | **Mother** | **Father** | | | **Grandparents** | | | **Other Relatives** |
| **Please give a brief account of the problem(s) presented by the family** | | | | | | | | |
|  | | | | | | | | | | |
| **For what purpose is this application made?** | | | | |
|  | | | | | | | | | | |
| **Please say briefly how the family or individual child would benefit if the grant were made** | | | | | | | | | |
|  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Total cash grant applied for** *(please include quote(s) in priority order)* | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Income of all members of the household per week from:** | | | | |
| **Earnings** | | | | | | | | | | | | | £ | | | |
| **Working Tax Credit** | | | | | | | | | | | | | £ | | | |
| **Benefits** *(e.g. Income Support, Child Benefit, Child Tax Credit, JSA, Universal Credit, Housing Benefit* | | | | | | | | | | | | | £ | | | |
| **Maintenance** | | | | | | | | | | | | | £ | | | |
| **Total Weekly Income** | | | | | £ | | | |
| **Are Children’s Services (Social Services) involved with the family?** | | | | | | | **Yes** | | **No** |
| **Are the family eligible for help from other sources?** | | | | | | | | | | | | | | | |
| Yes | | **No** |
| **a) Statutory Help – e.g. Children’s Services, DWP** | | | | | | | | | | | |  | |  |
| **b) Hertfordshire Welfare Assistance *(Herts Help) –* Tel:03001234044** | | | | | | | | | | | |  | |  |
| **c) Condition Related Charities – e.g. Disability Family Fund** | | | | | | | | | | | |  | |  |
| **d) Parish / Town / District Charities** | | | | | | | | | | | |  | |  |
| **Has an application been made to any other charity?** | | **Yes** | | **No** | | | *If YES, please indicate the charity and the sum:* | | | | | | | |
|  | | | | | | | | | | | | | | |
| *What was the result of that application?* |
|  | | | | | | | | | | | | | | |
| **Has an application been made before to H.C.F.D.C in respect of this family?** | | | | | | | | **Yes** | | **No** | | |
| *If YES please give the date and year of application, name of child and purpose and amount of grant issued:* | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

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| --- |
| The Trustees of Hertfordshire Charity for Deprived Children give an undertaking that:  *a) All electronic storage of this form will be password protected*  *b) Once this form has been processed and a decision arrived at all electronic and paper copies will no longer be stored* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate that you and the family have given consent for the information contained in this application to be:** | | | |
| *a) Transmitted Electronically*  *b) Stored and shared with the Charity Trustees for processing* | **Yes** | **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of recommender:** | |  | |
| **Address for reply:** |  | |
| **Telephone Number:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **To whom should the cheque be made payable?**  *(not the beneficiary family)* |  |

**Please return this form via e-mail to:** [hertscfdc@gmail.com](mailto:hertscfdc@gmail.com)

**Postal applications may be considered in** Mr D. Williams

**which case please send to:** Clerk HCFDC

34 Cambridge Road

Langford

Biggleswade

Beds

SG18 9PS