

Family Support Grant Application



The need

CHF recognises that parents of children with long-term medical conditions and disability are less likely than other parents to be in employment and that this is particularly the case for mothers. We also recognise that the lack of opportunity to work can result in personal and financial hardship and increase stress for parents.

Research undertaken by The Joseph Rowntree Foundation also found that parents of a disabled child often have incomes well below the national average but that parents of disabled children spend considerably more on everyday items, spending more than four times as much on the category 'other regular spending', which includes children's possessions, medical items and toiletries.

The help

CHF works with medical and social care professionals involved in paediatric care to help families who, ***due to their child's heart condition, are facing financial difficulties in meeting a cost associated with their child's heart condition***, CHF aims to deal with applications speedily.

CHF is able to make grants of up to £300 to help with **specific, identified needs**. The average grant is £150.

Grants have been given to help with:

- Cost of replacement washing machine for a family that is caring for a child with incontinence problems.
- Cost of a special pushchair for a child with severe fatigue and so cannot walk very far and who has outgrown the pushchairs available from high-street stores.
- Subsistence or travel costs for a family whose child is being treated in a specialist hospital many miles from home.

Our Grant Panel meet in the last week of each month and assesses all applications received. We aim to make a speedy decision and will confirm if you have been successful within 3 days of the meeting.

Any applications received after the date of the meeting will automatically be assessed with the following month's applications.

All applications must be supported by medical and social care professional and payment is made via the finance department of the organisation for whom that professional works.

How to claim

1. Complete the application form which can be down loaded from the CHF website (www.chfed.org.uk) or which you can request from the CHF Office (tel: 020 7422 0630)
2. Get it signed by a health or social-care professional who knows your particular circumstances and whose organisation is able to process the payment.
3. Send the completed form to the
CHF Family Grant Administrator,
Children's Heart Federation,
2-4 Great Eastern Street,
London EC2A 3NW
or e-mail: samanthaj@chfed.org.uk
4. CHF will contact you within 3 days of our panel meeting held in the last week of every month to let you know whether they are able to award the grant.

Note:

5. The CHF Family Grant Programme is funded by voluntary donation so we cannot guarantee that funding is available – nevertheless, we do try to help whenever we can and therefore welcome your application.

Other organisations that may be able to help

- **REACT**
St Luke's House, 270 Sandycombe Road, Kew, Surrey, TW9 3NP
Telephone: 020 8940 2575 Fax: 020 8940 2050
- **WELLCHILD**
16 Royal Crescent, Cheltenham, GL50 3DA
0845 458 8171
- **FAMILY WELFARE ASSOCIATION**
501-505 Kingsland Road, London E8 4AU
Tel: 020 7254 6251 Fax: 020 7249 5443

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Full name of child

Child's date of birth

Full name of child's main carer

Child's condition

Address of family (including postcode)

Telephone number

Name of hospital where child is treated

For travel and subsistence applications, how long is the child likely to stay in hospital?

Purpose of the grant. Please give full details of how cost is achieved

How much money is needed?

If the full cost is more than £300, how will the shortfall be raised?

Does the family qualify for help under the Hospital Travel Costs Scheme? (for further information call CHF office) **YES** **NO**

Name, **full** contact details of organisation prepared to administer grant

Name of organisation

Full address

Telephone number

Fax number

E-mail

Name and position of person within that organisation making the application, on the family's behalf.

Name

Position

I can confirm that the planned expenditure for which this Family Support Grant is sought, is ***experiencing financial hardship due to their child's heart condition and are facing financial difficulties in meeting a cost associated with their child's heart condition..*** I understand that CHF may seek verification that funding has met the criteria.

Signed

Name

Date

PLEASE NOTE:

- ✓ Please complete the form in detail, using block letters. A delay in processing the application may occur if information is omitted or difficult to read.
- ✓ Applications may take up to twenty eight days to process. If funds are needed immediately, please call 020 7422 0630.
- ✓ Please return by post to Family Support Grants, Children's Heart Federation, Level 1, 2-4 Great Eastern St, London EC2A 3NW or by fax to 020 72472087.

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