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|  | Welfare Support Team  Shropshire Council  PO Box 4826  SHREWSBURY  SY1 9LJ | |
| Contact:  Direct Line:  Email:  Ref:  Date: | Welfare Support Team  0345 678 9078  localsupport@shropshire.gov.uk |

Dear

**Local Support and Prevention Fund (LSPF) - Application Form**

Please make sure that you provide as much information as you can to explain your circumstances, especially money that you are having to pay out and why this is. This will help us to make a fair decision on your application. If you have a support worker, please let them know that you are making an application. You may want to ask your support worker to help you with the form or they may want to provide you with a letter to support your application.

An LSPF award can help provide essential items or costs where you are unable to budget or plan to meet the cost yourself. **Please note some items we arrange to supply may be previously used**. The LSPF can also help in emergencies to provide basic living essentials such as food, gas and electricity. Our aims are to;

* Support vulnerable people to live in the community;
* Help people through family crises or difficult life events.

We will need to know how you have come to be in crisis or why you have been unable to budget to pay for the items you need. We may advise you to take some actions so you do not need to reapply in future. We may refuse to offer help through the LSPF if;

* We believe that you have failed to take reasonable action to avoid a crisis situation.
* You have failed to take reasonable/adequate steps to plan for purchases.
* You are making a repeat application (for the same items/reasons).
* You have failed to take the actions the LSPF team, Support Workers, or other Professional Advisors have advised you to take.

We will write and tell you the reasons for our decision.  If you have any queries, please contact the Welfare Support Team on 0345 678 9078. When you contact us, please quote your reference number as this will help us provide a more efficient service.

Yours sincerely,

Lucy Simpson

Welfare Reform and Support and Face to Face Manager

Shropshire Council

**Application for Local Support and Prevention Fund Assistance**

***IMPORTANT*** *- If you need help with removal costs or rent arrears, you will need to apply for a Discretionary Housing Payment first to see if you qualify for assistance from that fund.*

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| **For office use** | Reference No: |
| Date of issue: | Date received: |

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| **About you** | | | |
| **Forenames** |  | **Surname** |  |
| **Date of Birth** |  | **National ins no.** |  |
| **Address** |  | | |
| **Post Code** |  | **Email address** |  |
| **Home phone** |  | **Mobile Phone** |  |
|  | | | |
| **About your Partner (if applicable)** | | | |
| **Their Name** | | **Date of Birth** | **National Insurance number** |
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| **People who live with you** | | | |
| **Please tell us about the other people who live in your household;** | | | |
| **Their Name** | | **Date of Birth** | **Relationship to You** |
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| ***If you need more space, please continue on a separate sheet of paper.***  **Are you or anyone else living with you pregnant? Yes  No**  **If ‘Yes’ who is**  **pregnant?................................................. On what date is the baby due?.............................** | | | |

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| **About health issues** |
| **Do you or anybody who lives with you have any physical or mental health problems, disabilities or special needs?**  If **“YES”** please give details below   |  |  |  | | --- | --- | --- | | **Health**  **condition** | **Who has this condition?** | **How does this affect your day to day activities?** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **Reason for application / Other information**  Please give full details regarding why you need this support and provide us with any other information you would like to support your application. Continue on a separate sheet if required.  *(I note that where the Welfare Support Team establish that I can receive help from an alternative scheme, I may be advised to request help from that scheme).* |
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| **Tell us what you are applying for** |

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| **Please use this section to tell us why you are applying for help and what you need.**  For replacement of broken items, please explain it what way it is broken, when it broke and how you have been managing without the item.  Otherwise please explain how long you have known you would need the item and what you have done to obtain the item without help from the Local Support and Prevention Fund. | | |
| **Item type** | **Who is the item for?** | **Why do you need the item and how have you coped without it?** |
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| **Please note:**  If we are able to help provide the items you are requesting we normally source the items from local furniture schemes, these may be new or used depending on availability.  We only consider awarding items which we class as being essential, immediately required, and where no other means of obtaining the items exists, and where budgeting is not possible.  **Flooring:**  If you need help to purchase flooring, please explain what you need and why you need it. Please note that we only consider helping towards flooring for essential rooms. Please contact the team on 03456 789078 for guidance on what rooms may be considered. If you ask for help towards the cost of carpeting, we can only provide help towards this if we can establish that there is an increased risk of falling due to disability or you have children under 3. You will need to provide TWO quotes with this application. It is your own responsibility to ensure that the quotes you provide are for **suitable** flooring. The quotes will need to be at the most cost- effective price. If you are asking for help towards carpeting, we do not contribute towards the cost of underlay. The company you use should be willing to invoice Shropshire Council LSPF directly after fitting. **IMPORTANT:** If we decide to provide help from the Local Support and Prevention Fund to pay towards any flooring, the arrangement is for payment only. If there are any issues with the flooring after fitting, you will need to address this yourself with the relevant company. | | |

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| **If you are asking for help with travel** | | | | | | | | | | | | | | | | | | |
| **Are you applying for help with travelling costs?** | | | | | | | | | | | **Yes** | | |  | | **No** | |  |
| **Please explain what travel costs you need help with and why?** | | | | | | | | | | | | | | | | | | |
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| **If you have special needs which mean you cannot access public transport please give details below:** | | | | | | | | | | | | | | | | | | |
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| **If you are applying for help with cost to travel to a funeral please provide the details;** | | | | | | | | | | | | | | | | | | |
| **Name of the deceased person** | | | | | | |  | | | | | | | | | | | |
| **Your relationship to the deceased person** | | | | | | |  | | | | | | | | | | | |
| **Location of the funeral service (town)** | | | | | | |  | | | | | | | | | | | |
| **Name of the church or crematorium where the service is being held** | | | | | | |  | | | | | | | | | | | |
| **Date of the funeral service** | | | | | | |  | | | | | | | | | | | |
| **Please note:**  **We will only consider paying for essential or emergency travel costs where you do not have time and cannot reasonably budget to meet the cost out of your normal income.** | | | | | | | | | | | | | | | | | | |
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| **If you are moving to a new address** | | | | | | | | | | | | | | | | | | |
| **If you are moving to a new address, please tell us why you need to move at this time;** | | | | | | | | | | | | | | | | | | |
| **Please explain why you need help;** | | | | | | | | | | | | | | | | | | |
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| **Is your rent account in arrears?** | | | **Yes** |  | **No** |  | | **How much do you owe?** | | | | | **£** | | | | | |
| **Are you being evicted?** | | | **Yes** |  | **No** |  | | **Date of eviction** | | | | |  | | | | | |
| **What date are you intending to move to your new address?** | | | | | | | | | |  | | | | | | | | |
| **From what date did you know you would need to move?** | | | | | | | | | |  | | | | | | | | |
| **How much money have you managed to save towards the move?** | | | | | | | | | | | | | **£** | | | | | |
| **Please list any items you have manged to buy in preparation for your move or if you have not saved to prepare for your move, please confirm why;** | | | | | | | | | | | | |  | | | | | |
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| **IMPORTANT - If you are asking for help with removal costs or rent**  **arrears, have you tried applying for a Discretionary Yes  No**  **Housing Payment first? If not, please do this.** | | | | | | | | | | | | | | | | | | |
| **Where you live** | | | | | | | | | | | | | | | | | | |
| **Please tell us about your current accommodation, are you:** | | | | | | | | | | | | | | | | | | |
| **Owner**  **occupier** | |  | **In temporary**  **housing** | | | | |  | **Living with friends/family** | | | | | | | |  | |
| **Homeless** | |  | **Renting** | |  | **Name of landlord** | | | |  | | | | | | | | |
| **Are you moving out of:** | | | | | | | | | | | | | | | | | | |
| **Prison** | |  | **A care home/facility** | | | | |  | **Long term hospitalisation** | | | | | | | |  | |
| **Name of establishment/institution** | | | | |  | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | **Post code** | | | | |  | | | |
| **What date were you or do you expect to be released or discharged?** | | | | | | | | | | |  | | | | | | | |
| **Other sources of help** | | | | | | | | | | | | | | | | | | |
| **Have you applied to the DWP Social Fund for a Budgeting Loan?** | | | | | | | | | | | **Yes** | | |  | | **No** | |  |
| **If you are unable to obtain a budgeting loan or have not yet approached the DWP please explain why below:** | | | | | | | | | | | | | | | | | | |
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| **Have you asked your friends and family if they can help you?** | | | | | | | | | | | **Yes** | | |  | | **No** | |  |
| **Please explain what help you have been able to obtain from your friends and family?** | | | | | | | | | | | | | | | | | | |
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| **Please explain what other actions you have taken to obtain the help you need before making this application, and why you have been unable to budget to meet your needs without our support.** | | | | | | | | | | | | | | | | | | |
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| **If you are getting help or support** | | | | | | | | | | | | | | | | | | |
| **Do you have a support worker?** | | | | | **Yes** |  | | **No** |  | If “Yes” give details below | | | | | | | | |
| **What is your support worker’s name?** | | | | | |  | | | | | | | | | | | | |
| **Which organisation do they work for?** | | | | | |  | | | | | | | | | | | | |
| **Please provide their contact number:** | | | | | |  | | | | | | | | | | | | |
| **Do we have your permission to discuss this application with**  **your support worker?: Yes  No**    **Has your support worker assisted you to complete this form? Yes  No** | | | | | | | | | |  | |  | | |  | |  | |
| **Has your support worker provided you with budgeting advice and checked that you are getting your correct benefit entitlement? Yes  No** | | | | | | | | | |  | | |  | |  | |  | |
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| **Income** |

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| **Tell us about all the income you and your partner receive and how often it is paid to you by completing the relevant column for each type of income.** *We will use information already held by Shropshire Council, the Department for Work and Pensions (DWP) and Her Majesty’s Revenues and Customers (HMRC) to check the information you have provided.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Income Type** | **Weekly** | **Fortnightly** | **4 Weekly** | **Monthly** | | Your Earnings | £ | £ | £ | £ | | Your Partners Earnings | £ | £ | £ | £ | | Income Support | £ | £ | £ | £ | | Job Seekers Allowance | £ | £ | £ | £ | | Employment and Support Allowance | £ | £ | £ | £ | | Universal Credit Personal Element | £ | £ | £ | £ | | Universal Credit Housing Element | £ | £ | £ | £ | | Statutory Sick Pay | £ | £ | £ | £ | | Maternity Pay | £ | £ | £ | £ | | Working Tax Credit | £ | £ | £ | £ | | Child Tax Credit | £ | £ | £ | £ | | Child Benefit | £ | £ | £ | £ | | Child Maintenance | £ | £ | £ | £ | | Board from a Family Member | £ | £ | £ | £ | | Board from Lodger | £ | £ | £ | £ | | Attendance Allowance | £ | £ | £ | £ | | Personal Independence Payment (PIP) for daily living or Disability Living Allowance (DLA) Care | £ | £ | £ | £ | | PIP for mobility or DLA for mobility | £ | £ | £ | £ | | *Is your DLA or PIP mobility used to obtain a Motability Vehicle?* | | | **Yes  No** | | | Industrial Injuries Disablement Benefit | £ | £ | £ | £ | | State Retirement Pension | £ | £ | £ | £ | | Pension Credit | £ | £ | £ | £ | | Private Pension | £ | £ | £ | £ | | War Pension | £ | £ | £ | £ | | Other Income: | £ | £ | £ | £ | |  | £ | £ | £ | £ | | **TOTAL** | **£** | **£** | **£** | **£** | | **If the family members in your property for whom you do not receive Child Benefit are not paying board, please state why……………………………………………………………….**  **If you are already being paying board, can you ask them to increase these payments (if not, why?).................................................................................................................................** | | | | | |

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| **Expenditure** |

**Please tell us about the money you regularly pay out. If any of this is under contract, please say when the contract ends and who it is with.** (If we think you have used a figure that is unrealistic we may choose to reduce it to a lower figure or ask for evidence to check this)

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| --- | --- | --- | --- |
| **Expenditure Type** | **Weekly** | **Fortnightly** | **Monthly** |
| Rent | £ | £ | £ |
| Water | £ | £ | £ |
| Electricity | £ | £ | £ |
| Gas / Heating Oil | £ | £ | £ |
| Food and Housekeeping | £ | £ | £ |
| Other non-food shopping (e.g.housekeeping) | £ | £ | £ |
| Meals at Work | £ | £ | £ |
| TV License | £ | £ | £ |
| TV Subscription *(date contract ends \_\_/\_\_/\_\_\_\_)* | £ | £ | £ |
| Home Telephone *(date contract ends \_\_/\_\_/\_\_\_\_)* | £ | £ | £ |
| Mobile Telephone *(date contract ends \_\_/\_\_/\_\_\_\_)* | £ | £ | £ |
| Internet *(date contract ends \_\_/\_\_/\_\_\_\_)* | £ | £ | £ |
| Clothing and Shoes | £ | £ | £ |
| Home Insurance | £ | £ | £ |
| Life Insurance | £ | £ | £ |
| Public Transport | £ | £ | £ |
| Car MOT | £ | £ | £ |
| Car Tax | £ | £ | £ |
| Car Insurance | £ | £ | £ |
| Petrol / Diesel | £ | £ | £ |
| Pet Food (please state what pets you have) | £ | £ | £ |
| Pet Insurance | £ | £ | £ |
| Child Maintenance Payments | £ | £ | £ |
| State any expenditure related to **Child Care** below: |  |  |  |
|  | £ | £ | £ |
| State any expenditure related to **Disability** below: |  |  |  |
|  | £ | £ | £ |
| State any **other** expenditure below: |  |  |  |
|  | £ | £ | £ |
|  | £ | £ | £ |
| Total | £ | £ | £ |
| **Outstanding debts** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Debt** | **Nothing Paid at Present** | **Weekly** | **Fortnightly** | **Monthly** | **Balance to pay** |
| Credit Card |  | £ | £ | £ | £ |
| Loans |  | £ | £ | £ | £ |
| Hire Purchase |  | £ | £ | £ | £ |
| Catalogue |  | £ | £ | £ | £ |
| Social Fund Loan |  | £ | £ | £ | £ |
| Benefit Overpayment |  | £ | £ | £ | £ |
| Tax Credit Overpayment |  | £ | £ | £ | £ |
| Court Fines |  | £ | £ | £ | £ |
| Rent Arrears |  | £ | £ | £ | £ |
| Council Tax Arrears |  | £ | £ | £ | £ |
| **Total** |  | **£** | **£** | **£** | **£** |
| **Have you approached any of your creditors to ask them if they**  **can reduce or suspend your repayments? Yes  No**  If **“Yes”** please tell what was the result?  **Have you engaged with debt advice services in order to clear**  **or to re-structure your debts? Yes  No**  If **“Yes”** please tell us who with and the result?  *If you have not spoken to your creditors or sought independent debt advice you may be asked to do so as part of any DHP decision.* | | | | | |

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| **Savings and capital** | | |
| **We need to know about all capital and savings held by you and your partner If you have one). Please send us statements for all accounts showing (at least) the last 2 months transactions and balances, even if you have a zero balance or are overdrawn** (This includes money held in current accounts and post office card accounts). (Photocopies may not be accepted). | | |
| **Type of account/capital** | **Account number** | **Balance (at date of claim)** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
| **Please explain any large withdrawals from your account below** | | |
|  | | |
| |  | | --- | | **Reminder checklist** | | **Please use this checklist to make sure you have provided everything you need to send in with your application. Tick if applicable.**  **ALL APPLICANTS**  Bank statements covering the most recent two months period for each account you have  **IF YOU HAVE APPLIED FOR HELP WITH CARPETING/FLOORING, REMOVAL COSTS OR HEATING OIL**  2 quotations  **IF YOU HAVE APPLIED FOR RENT ARREARS**  A rent statement from your landlord showing the period from when  your rent account was last up to date through to the current time  **IF YOU HAVE A SUPPORT WORKER**  You may want to include a letter from them in support of your application  *(this can be very useful as it helps us to look at the full circumstances*  *surrounding your application)*  **IF YOU HAVE BEEN ADVISED TO CLAIM A DISCRETIONARY HOUSING PAYMENT (DHP) INSTEAD**  Choose one of the following options to apply:   * *Call the Benefits Service on 0345 678 9001* * *Email* [*dhp@shropshire.gov.uk*](mailto:dhp@shropshire.gov.uk) *and ask for an application form* * *Refer to our web page and download an application that you can* [*https://shropshire.gov.uk/benefits/what-help-can-i-claim-from-the-council/discretionary-housing-payments/*](https://shropshire.gov.uk/benefits/what-help-can-i-claim-from-the-council/discretionary-housing-payments/)  |  | | --- | | **IF YOU WANT TO GIVE US AUTHORITY TO DISCUSS YOUR APPLICATION WITH SOMEONE ELSE, TELL US HERE** | | I hereby give my permission for Shropshire Council’s Welfare Support team to discuss my Local Support and Prevention Fund application with the following person/organisation. Please note that this will be all aspects of your application, including financial and health information. |  |  |  |  |  | | --- | --- | --- | --- | | Name |  | | | | Organisation/Relationship |  | | | | Contact number |  | | | | Customer signature |  | Date |  | | Partner signature |  | Date |  |   **IMPORTANT**  **You have not finished your application. You MUST read the information on the next TWO pages and complete these pages fully for your application to continue.** | | |  | | --- | | **IMPORTANT – DECLARATION**  **You must read and complete the information on the next two pages to finish.** |   **I DECLARE THAT**   * The information I have given on this form is correct and complete. I understand that if I withhold information, give false or incorrect information, or don’t tell you about changes that could affect my award, I may be asked to pay for the items, and I may be prosecuted.   **I UNDERSTAND THAT**   * Shropshire Council may share my information with other organisations or services not related to my application if legally obliged to do so, for example to prevent or detect crime or fraud and to protect public funds or assist with my welfare. Otherwise, my information will only be used as detailed in the Welfare Support Team privacy notice which is available on the council’s website shropshire.gov.uk * Where goods are provided, the Welfare Support Team and the fund we are awarding from accept no responsibility for any issues with those goods. Any issues are between the applicant and the provider of the goods. * If someone else has helped me to complete my form, Shropshire Council may contact that person to gather additional information. * Under the Housing Act 1996 as amended by the Homelessness Reduction Act 2017, information limited to my name, address (at the time of the award and my new address if applicable), date of birth, national insurance number, details of why I have asked for help and details of my award may be sent to the council’s Housing Options Team who will send it to the Government (MHCLG) to show how we are working to prevent homelessness.   **I CONSENT TO THE FOLLOWING**   * You can use information provided for my Housing Benefit claim / Council Tax Support claim / Council Tax Section 13A Reduction Application / Discretionary Housing Payment application for my Local Support and Prevention Fund application. * Where an award from a different Shropshire Council fund is more appropriate, the information I have given in this application can be used to decide that outcome. * That my support worker (if I have one) may be approached to gather information and to discuss my application, the decision on my application and any recommendations made.   **I give my consent for this Yes  No**  **You can withdraw your consent at any time by contacting** [**localsupport@shropshire.gov.uk**](mailto:localsupport@shropshire.gov.uk) **or 0345 678 9078**  **PLEASE READ THIS PRIVACY STATEMENT**  This application and all documents related to this application will be treated in line with the Data Protection Act 2018 and may be shared with teams within the authority who can assist with your identified needs or with other local authorities. Any data deemed to be 'sensitive personal data' under the Act will only be used in accordance with our full Welfare Support Team privacy notice which is available on the council’s website shropshire.gov.uk  You can withdraw your consent at any time by contacting [localsupport@shropshire.gov.uk](mailto:localsupport@shropshire.gov.uk) or 0345 678 9078.  **Do you understand and accept this privacy statement and do you accept and agree that your data will be used as stated in our full privacy notice?**    **I give my consent for this Yes  No**  **IMPORTANT – DECLARATION**  **Please sign below to say that you agree with all the above and have completed the form**   |  |  | | --- | --- | | Customer Signature |  | | Date |  | | Partner Signature |  | | Date |  |   **THIRD PARTY DECLARATION**  **If some else has helped you to complete this form, they need to complete this declaration.**  I have assisted the applicant to complete the form with details they have provided. I declare that as far as possible I have confirmed with the applicant that the information they have provided is true and complete.   |  |  | | --- | --- | | Name |  | | Organisation/relationship |  | | Signature |  | | Date |  | | |  | | | | |

**Please ensure you have completed this form in full before sending to avoid delays.**