

# ADULT GRANT APPLICATION FORM



**Grant No.**.....  
(Office Use Only)

**Section 1 - Personal Details**

**Surname:** .....

**Other Names:** .....

**Address:** .....  
.....  
.....  
.....

**Postcode:** .....

**Telephone No:** .....

**Date of Birth:** .....

-----

**Are you in Full/Part Time Education**                      **Yes/No**  
**If yes, please give details:**

**Social Workers Name:** .....  
(if you have one)

**Contact Details:** .....  
.....  
.....

## **Section 2 - Details of Your Disability**

**Please answer the following sections in as much detail as possible.**

- 1. What is the medical name for your disability?  
(What type of cerebral palsy)**

- 2. Please give details of your disability, and how you are affected.**

- 3. What is the level of your mobility?**

- 4. Are you a registered disabled or blind person      Yes/No**

**Section 3 – Financial Details**

**5. Please give details in the box below of your family/household situation**

**6. Please indicate, from the list below, all the benefits and allowances that you receive.**

Disability Living Allowance		Attendance Allowance: (over 65yrs)	<input type="checkbox"/>
Care Component:	Lower Rate <input type="checkbox"/>	Income Support:	<input type="checkbox"/>
	Middle Rate <input type="checkbox"/>	Unemployment Benefit:	<input type="checkbox"/>
	Higher Rate <input type="checkbox"/>	Incapacity Benefit:	<input type="checkbox"/>
Mobility Component:	Lower Rate <input type="checkbox"/>	Other: (Please Name)	<input type="checkbox"/>
	Higher Rate <input type="checkbox"/>		
Carers Allowance:	<input type="checkbox"/>		

**7. Please give details of your occupation**

Do you work? Yes/No

If yes, please give details of your occupation.

## **Section 4 - Grant Details**

**8. Please tick the correct grant category for your application.**

Holiday	<input type="checkbox"/>	Assessment	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Education	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	Computers	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	Furnishings	<input type="checkbox"/>
Driving Lessons	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Home Improvements	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>

**9. Please give details of the reason and approx. cost for the grant.**

Cost £ _____
--------------

**10. Please fill in the relevant sections below.**

Have you previously had assistance from CP Plus (Scope Bristol)?	Yes/No
If yes, please give details. Date: Grant Category:	
Are you applying for assistance elsewhere?	Yes/No
If yes, please give details Name of Organisation: Amount applied for (£):	
Will there be on-going costs?	Yes/No
If yes, please give details of how will these be met.	
Has an application for this been rejected by anyone else?	Yes/No
If yes, Please give details Name of Organisation: Amount applied for (£):	

**Section 5 – Additional Information**

**11. Please use this section for any additional information you feel will help to support your application.**

**From time to time we may include details of grant requests, as an article in our newsletter.**

**If you would be willing for your request to be featured in a future newsletter, please tick this box and we will contact you again with more details.**

**Declaration: I declare that the information on this form is true and complete.**

If you cannot sign the form yourself another adult can sign on your behalf. (If so please give full name and relationship to claimant) In the case of a child then the parent or guardian detailed on the form should sign.

**Signature:**

**Relationship to Claimant:**

**Date:**