



Registered Charity No 1161139

EQUIPMENT APPLICATION

B.I.D. Ref:

BIDEQ _____

Return completed form to:

Blessing in Disguise
Lilford House
Leigh
Greater Manchester
WN7 4HG

B.I.D. OFFICE USE ONLY:

Initial

Received:	Date:	
Method:	Email / Post / Hand Del:	
DWP Proof Assessed:	Date:	
Recommendation	Approve / Decline	
Director Decision:	Approved/ Declined	

Section 1 - Contact Details – Family and Child with special needs / disability

Parent / Family Names:		
Address:		
Post Code:		
Contact Numbers:	Home:	Mobile:
Email:		

Child's Full Name		
Child's D.O.B.:		Child's Age:
Special Need/ Disability:		

Section 2 – Details of Equipment Requested that would benefit the above named child. Please give specific examples of the item requested, i.e. make, model, stockist, colour, approx. price, etc.

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In which local authority area do you live? _____
(We need this information as some of our funding is for specific areas)

Section 3 – Meeting Blessing in Disguise's Criteria

Eligibility criteria must be met in order for equipment to be granted. Under the age of 19 years; Resides in the UK; Has a significant disability, life-threatening/limiting condition or terminal illness; Family must be on a low income and receive two or more of the following benefits. .

Please tick all that apply

<input type="checkbox"/>	Child Benefit	<input type="checkbox"/>	Working Tax Credit	<input type="checkbox"/>	Disability Living Allowance (DLA)
<input type="checkbox"/>	Income Support	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>	Job Seekers Allowance (JSA)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>	Personal Independence Payment (PIP)

*FINANCIAL ASSESSMENT

In order to process your application, we require a breakdown of your household's financial situation. Please fill out **all** of the details below. **Incomplete forms will be rejected.**
PROVIDE PROOF OF ALL BENEFITS WITH APPLICATION & INCLUDE CURRENT BANK STATEMENTS

HOUSEHOLD INCOME	TOTALS	HOUSEHOLD EXPENDITURE	TOTALS
1 st Parent/Guardian (net) Wage	Wk/Month	Rent	Wk/Month
2 nd Parent/Guardian (net) Wage	Wk/Month	Mortgage	Wk/Month
Disability Living Allowance (DLA) Care Component High Medium Low £ _____ Wk/Month		Secured Loan	Wk/Month
Disability Living Allowance (DLA) Mobility Component High Medium Low £ _____ Wk/Month			Wk/Month
Personal Independence Payment (PIP) High Medium Low £ _____ Wk/Month			Wk/Month

Child Support/Maintenance	Wk/Month	Child Support/Maintenance	Wk/Month
Child Tax Credit	Wk/Month	Childcare Expenses	Wk/Month
Child Benefit	Wk/Month	Gas	Wk/Month
Carers' Allowance	Wk/Month	Electricity	Wk/Month
Housing Benefit	Wk/Month	Water	Wk/Month
Council Tax Benefit	Wk/Month	Council Tax	Wk/Month
Income Support	Wk/Month	TV Licence	Wk/Month
Working Tax Credit	Wk/Month	Broadband/Phone	Wk/Month
Jobseeker's Allowance (JSA)	Wk/Month	Mobile Phone	Wk/Month
Employment Support Allowance	Wk/Month	TV Subscriptions	Wk/Month
Universal Credit	Wk/Month	Appliance Rentals	Wk/Month
Statutory Sick Pay (SSP)	Wk/Month	Vehicle Costs (e.g. tax etc.)	Wk/Month
Maternity Allowance	Wk/Month	Fuel / Transport Costs	Wk/Month
Statutory Maternity Pay (SMP)	Wk/Month	Sundries/ Food	Wk/Month
Student Loan/Grant	Wk/Month	Clothing/ Footwear	Wk/Month
Property / Land Income	Wk/Month	Trips/Leisure Activities	Wk/Month
Pension / Pension Credits	Wk/Month	School/Student Fees	Wk/Month
Savings (total to date)	Wk/Month	Other Essential Expenses	Wk/Month
Other Income i.e. Cold Weather Payment	Wk/Month	Other Essential Expenses	Wk/Month
TOTAL	£	TOTAL	£

I / We agree that the information provided above is accurate and correct.

Name:

Date:

Print:

Sign:

Section 4 – Child with disability, life-threatening/limiting condition or terminal illness

The child listed in this section **must** be aged 19 or under at the time of the equipment being granted *(unless approved by B.I.D.)*

Child's Full Name		
Child's D.O.B.:		Child's Age:
Nursery/School/College:		
Special Need/ Disability:		

Please explain in detail, special need/disability & any additional requirements

We need this equipment because...
How do you think that your child will benefit from the provision of the equipment?

Has the family had any equipment granted in the last 3 years	YES /NO
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Does the child currently have access/use of this type of equipment	YES /NO
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If upgrading equipment will you donate your existing equipment to B.I.D.	YES /NO/N/A
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If you have had equipment granted in the last 3 years from BID or elsewhere, please give brief details:

Collection of equipment will be from Blessing in Disguise Office and must be arranged by family or agent unless otherwise approved by B.I.D.

Please note that parents/families or agent will be required to sign a disclaimer for the equipment that they are granted which is for the sole use of the named child for whom it was intended. Equipment will not be released without a signed disclaimer.

Family Declaration

Please tick the boxes to show that you have read the information and that you understand and accept our terms and conditions. Please note that without this agreement we cannot consider your application. If you are in doubt please contact us.

- [] We agree that the information provided is correct and that completing this form does not guarantee us being granted the equipment
- [] We will notify Blessing in Disguise immediately if we are unable to take up the offer or if we need to cancel. (Failure to inform B.I.D. of cancellation or any changes of circumstances could result in you being liable for the equipment purchase cost incurred by B.I.D.).
- [] We will give feedback to B.I.D. and send photos/videos showing positive effectiveness of the equipment within 4 weeks of taking possession of the equipment.
- [] **We agree that the equipment supplied is for the sole use of the child named on the form for which it was granted.**
This equipment is not for use by other family members unless authorised by B.I.D.
The equipment once finished with will be returned to B.I.D.
- [] The equipment must be covered on the recipient home contents insurance or other valid insurance policy unless authorised by B.I.D. Proof of insurance may be required (dependent on type of equipment supplied)

Name:

Print:

Sign:

Date:

Section 5 – Publicity Agreement (To be read and signed by parent/guardian)

Please note, any feedback, photos and stories received will be used exclusively by B.I.D. for its newsletters, website, social media pages or for any other purposes deemed necessary. Feedback and monitoring is an essential element of ensuring that we are making a difference to a child or young person. It enables us to evaluate our social impact and to assist in generating funding for specific needs, which is essential to raise our profile and enabling the company to continue offering exclusive activities, events and specialist equipment free of charge or on a temporary basis.

B.I.D. needs to collate information to help with future fundraising campaigns to help us to assist more families.

I/We consent to our feedback/photographs, images etc. being used including name, location and details about my experience with B.I.D. to promote the company and its charitable work.
(Please delete as appropriate and tick) Yes No

Name:

Print:

Sign:

Date:

Relationship to child:

Section 6 – Professional Authorisation - To be completed by the referring agent/Occupational Health/Medical Professional or other qualified professional.
 (We are unable to process applications without this section of the form)

Name of organisation/agent/school:				
Your Name:				
Your Job Title:				
Address:				
Tel:				
Email:				
Type of organisation:				
Name of Child / Young Person				
Age of Child / Young Person				
Brief details of illness/disability				
How did you hear about B.I.D.?		Please specify		
<input type="checkbox"/> Used before	<input type="checkbox"/> Family	<input type="checkbox"/> Colleague	<input type="checkbox"/> Media / Press	<input type="checkbox"/> Website
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Referral	<input type="checkbox"/> Other

<p>Have you applied for funding for this child for this equipment anywhere else? (please give details)</p>

Why does the child require this equipment? How do you feel that the child will benefit from the provision of the equipment?

Name:

_____ Print:

_____ Sign:

Date:

Completing the Application Form

Important: Please read these notes carefully before completing and submitting this application, as the content of the application will be crucial to helping us determine if we can offer support.

Before completion, please be sure that you have the support of an appropriate local professional who will support this application.

All Applications submitted will be viewed on an individual basis and judged on their own merit. All decisions are dependent on funding at the time of the application and on a strictly first come first served basis.

All sections of this form **MUST** be completed in **FULL**, failure to complete all of the sections may deem the application null and void and the application will be returned unprocessed.

Section 1 – Contact Details

Blessing in Disguise (B.I.D.), considers a family to consist of dependent children and those who care for them. Carers can be parents, grandparents, guardians and others with caring responsibilities.

Section 2 – Details of Equipment Requested

Applications will only be considered for equipment that would benefit the named child. Please give item specifics, i.e. make, model, stockist, colour, approx. price, etc.

Section 3 – Meeting Blessing in Disguise's Criteria

If your child meets all of the eligibility criteria for support, and needs an item to address risks to their safety, health and wellbeing e.g. independence and quality of life, we can consider your application: Under the age of 19 years (unless approved by B.I.D.); Resident in the UK; Has a significant disability, life-threatening/limiting condition or terminal illness

Blessing in Disguise will fund the purchase of equipment for a child's where there is a clear health and/or social care need, subject to available funding at the time of application. The vast majority of the services we provide are free. In order for equipment to be granted, family must be on a low income and in receipt of benefits. If we grant equipment, you may need to contribute a percentage of the equipment value depending on whether you receive certain benefits. **PROVIDE PROOF OF ALL BENEFITS WITH YOUR APPLICATION AND INCLUDE A FULL MONTHS BANK STATEMENT FROM ALL ACCOUNTS THAT THE INCOME AND EXPENSES ARE PAID TO/FROM (CURRENT MEANS WITHIN THE LAST 3 MONTHS) Please complete either weekly amounts or monthly amounts where possible and not a mixture.**

Section 4 – Child with disability, life-threatening/limiting condition or terminal illness

Must be completed in full and details of how the needs of the child will be met by providing the equipment. Family declaration must be signed to confirm that you understand the information and accept the terms and conditions.

Section 5 – Publicity Agreement (To be read and signed by parent/guardian)

Must be completed in full and be signed to confirm that you understand the information and accept the terms and conditions.

Section 6 – Professional Authorisation - To be completed by the referring agent/Occupational Health/Medical Professional or other qualified professional.

This is a vital part of the application form. We are unable to process the application without this section being fully completed by a qualified professional who will sign and approve that the piece of equipment will provide an advantage and not a disadvantage to the child for whom it is intended.

What Equipment can be funded?

We can fund an Equipment Grant for most types of essential equipment which we assess as appropriate to meet the specialist needs of the child using it. It does not have to be specialist, but it does need to be designed to meet the child's needs.

Equipment Grants are usually a one off. If an applicant has had funding for a piece of equipment in the last 3 years from BID or elsewhere, we will ask for brief details. However the trustees would consider an application at their discretion.

Most of this equipment can also be funded by the NHS and/or Local Authority so we will ask why they are not funding this equipment in the application form. Please find below a list of different types of equipment that we can consider providing:

Wheelchairs; Pushchair/Buggy; Pushchair/Buggy Accessories; Reins; Walking frames; Cot/Bed; (We do not fund double beds to support parents to have the option of co-sleeping, but would consider an application for a double bed if the specification is determined by the child's exceptional height or weight); Car Seats; Seating; Communication Aids; Mobile Hoist/Handling Aids; Weighted Blankets; Sensory items;

What can't we fund? We do not fund any of the following:

Public bodies, other charities, companies or organisations, anything that is not within our objectives set out in our articles of association; Financial grants, in full or part, or reimbursements for items privately purchased; Organisations with political associations or interests; Respite breaks/holidays/days out unless granted at the discretion of the Trustees; Funerals; White goods; Building works or permanent home adaptations; Sheds for storage of equipment/medical supplies; Driving lessons; Adaptations to vehicles; Animals to support assisted living or animal therapies; Residential placements and/or private community care in the home; non-essential or non-specific equipment that is not for the sole use for the benefit of a child or young person with a life limiting illness or disability.

What happens after this application form has been received?

Blessing in Disguise staff will check whether we have received all the necessary information or not. We will also identify if the need is urgent. Any missing information will be sought at the point of acknowledging the receipt of your application – so please provide an email address. Once the B.I.D. team have all the information required, the application will be submitted at the next Trustees meeting for consideration and approval. The outcome will then be notified to the applicant.

**Completed and signed forms must be returned by email to:
blessingsindisguisecharity@gmail.com**

Or by post to:

Blessing in Disguise, Lilford House, St. Helens Road, Leigh. WN7 4HG