

## Application for assistance –Elderly and Disability support

*All information on these forms will be treated in the strictest confidence*

### Who are we?

We are **Walsingham Care, the Home of Compassion Charity**

We provide grants to the poor and elderly in the following ways:

- a. to assist with provision of a care home for poor persons who are dying
- b. To assist elderly people, in particular, by providing care, residential and health services.
- c. To make grants to help with provision of other assistance to poor elderly people

We are a local charity and support elderly people in a **defined geographical area** in the **South East of England**

### Can you apply?

Persons or relatives of persons who need help

- And live within a **5 mile radius** of any point within the **Emly Deanery, Diocese of Guildford**
- Or within 5 miles of the Home of Compassion roundabout in Thames Ditton
- Or if you have any connection with the former Home of Compassion Charity nursing home during the years 1905-2008

### What do we do?

The Charity provides financial support to people who are suffering from long-term ill health or disability or in cases of terminal illness. The Charity also aims to improve the quality of life for retired people and helps by providing grants for the following: -

- People living in residential or nursing homes can receive regular top-up grants towards any shortfall in their fees.
- Assistance can be given with the costs of care at home or respite care in an approved Care Home.
- Assistance in meeting costs allowing a rest or a short break to home helpers

Most of the Charity's beneficiaries have limited means and we have devised a very fair system of calculating who is eligible for our assistance. We compare your level of income to a figure that's 80% of the UK's median household income (after tax and household costs are taken into account). We also take into consideration any capital assets (excluding your home). These are broadly aligned with the levels at which Income Support is available. We sometimes accept applicants above the limits (which are reviewed annually) where a special need is identified and a strong case for support is made. Our criteria are reviewed from time to time to ensure that they are meeting the needs of applicants and the resources of the Charity.

### **Contacting us**

Please telephone 020 8398 6774 if you experience any difficulty filling in this form.

**Please use a blank piece of paper if any section of the form seems unsuitable for your purposes or there is insufficient space.**

Please send your completed form to

**Walsingham Care, Grant Applications,**  
68 Bridge Road, Hampton Court,  
East Molesey  
KT8 9HF.

If possible give us the name of your doctor or clergy or another professional who might support your case.

**About you and your spouse/partner**

<b>1. Your details</b>	
Family Name	
First names	
Maiden Name	Date of Birth
Married/single/widowed/divorced/separated (please delete as necessary)	
State of health	
Address	
Post Code	
Telephone	
Mobile	Email
<b>2. Details of spouse/partner</b>	
Family name	Date of birth
First names	

State of health

### 3. Assistance required

3.1 If you need help to support your carer please provide full details of: -

a. The carer(s):

b. The services supplied by your carer(s)

c. Particulars and number of days or hours support required

3.2 If you need help with Nursing Home Fees please provide full details including the name and contact number for your Local Authority Social Worker:

3.3 If you need help with the provision of Equipment please give details

#### 4. Other Charities/organisations approached

If you have applied elsewhere for assistance please state where and the result of your application

Please tick this box if you allow us to confer, in confidence, with other charities or organisations to seek help on your behalf (we will only do this if we consider it to be to your advantage)

#### 5.SPONSOR

**Please, if possible, give name and address of a referee or sponsor**  
*This could be your doctor or a member of the clergy in your church, your solicitor or another professional adviser*

**Name**

**Address**

**Postcode**

**Telephone Number**

## 6. Beneficiary and bank account details

If a grant is awarded it will be paid direct to the Nursing Home otherwise direct to your bank or Building Society account. Please complete the following to enable this to be done.

Name of Bank or Building Society

Branch Address

Post Code

Sort Code

Account Number

Building Society reference number (if appropriate)

## 7. Correspondence

If you do not wish to handle your own correspondence to whom should correspondence be addressed?

Name

Address

Post Code

Telephone

Mobile

Email

### **Data Protection & Declaration of Accuracy**

I confirm that you may hold these details in a retrieval system for your own use and that you may not disclose the information to any third party without my authority.

I declare that the particulars shown in this application form are accurate and give a true account of my/our present financial position.

Signature of applicant/Attorney for Applicant\* .....

Date.....

\*If signing on behalf of Applicant, please supply a copy of the appropriate authority or Enduring Powers of Attorney

## APPENDIX A About your finances

### A1. Property – [only fill this in if applying for Nursing Home Support]

Type of accommodation (house, flat etc)

Owner occupier/rented/leased (please delete as necessary)

#### If owner occupier complete below

Date of purchase

Purchase price

Estimated current market value

Mortgage outstanding

### A2. Debts

*Please include details for yourself and your spouse*

Name of creditor	Original amount	Amount outstanding	Repayment terms	Purpose of Loan

### A3. Savings and capital

	<b>Yourself £</b>	<b>Your spouse £</b>
Current account balance		
Deposit saving account balance		
Building society account balance		
National saving account balance		
Shares (market value)		
Investment property (value)		

## APPENDIX B – Income & Expenditure Issues

### B1. Statement of income and & expenditure

**Note 1 Documentary evidence must be provided** in support of all items of income, housing costs and nursing home fees. Photocopies are perfectly acceptable, but if this is difficult, please send the originals and we will copy and return without delay. **We will not be able to process the application until this documentary evidence has been provided.**

**Note 2 Please feel free to enter amounts on a weekly (W) monthly (M) quarterly (Q) or annual basis (A)** but do indicate which it is by adding W, M, Q OR A as appropriate

Income	Yourself £	Your spouse £
Pension (net of tax only and not other deductions)		
State Retirement Pension		
Pension Credit		
Income Support		
Incapacity Benefit		
Attendance Allowance		

### B2. Other income

Please give details of sources of your income (continue on a separate sheet if necessary)

<b>B3.Income</b>	<b>Yourself £</b>	<b>Your spouse £</b>
Disability Living Allowance (Care)		
Disability Living Allowance (Mobility)		
Any other State Benefits Please specify		
Income from other Charities Please specify		
Assistance from Social Services towards nursing home fees (if applicable)		
Any other income		
<b>Totals</b>		

<b>B3. Housing Costs (Own Home)</b>	<b>£</b>
DSS assistance with mortgage interest payments	
Full rent	
Housing benefit	
Full council tax	
Council tax rebate	
Council Tax sole occupancy discount	
Gas/Electricity	
Water rates	
Other	
Nursing Home costs	

#### **B4. Family**

Please give details of your family and state how much they contribute financially or in hours of care support.