Application for support & assistance grant one-off grants over £1,000

Form J

# Guidance notes for applicants

This form is for beneficiaries who are already registered with the Scottish Infected Blood Support Scheme and wish to apply for a **One-Off Grant(s)** from the scheme. If you wish to apply for a grant of up to £1,000 or for private counselling or other mental health support please use the separate, shorter form for that.

One-Off Grants aim to provide support to beneficiaries through contributing to the cost of essential items or services. The grants will normally only be available to cover costs of items or services which are needed, at least indirectly, as a result of the impacts of a beneficiary’s Hepatitis C or HIV infection.

Grants are also available to help with the transition following an infected beneficiary’s death. Such grants are available to widows, widowers, long-term partners, or children under 21 years old who are in full-time education where their spouse, partner or parent has died.

Examples of grants available from the scheme are:

* Mobility aids
* Health-related home repairs or adaptations to the home
* Other support or care to help a person to remain in their own home
* Vehicle repairs or adaptations if a car is essential, for example to get to hospital
* Funeral plans (note – give that a £10,000 bereavement payment is available to widows, widowers, partners or estates of a beneficiary to cover things like funeral costs funeral plans are only now available from SIBSS in certain circumstances)
* Education or training courses
* Respite breaks and respite care due to treatment complications
* Counselling or psychological support (if you wish to arrange your own support, rather than use the Scottish Infected Blood Psychology Service)
* Replacing income during time off work for Hepatitis C treatment

Further details are available on our website at [www.nss.nhs.scot/browse/patient-support-schemes](http://www.nss.nhs.scot/browse/patient-support-schemes).

In order to apply, you will need to first check if your local authority, NHS or other public body support is available to support what you need and they can also help with advice on things like home adaptations or what types of care support you need. In some cases they may only provide a contribution or some of the support you need. In that case, the scheme may be able to supplement that support.

We assess all applications on a case-by-case basis. We only take household income into account if you are seeking a grant of over £5,000 so you do not need to fill in the household income questions if you are seeking a grant for less than this or if you are seeking a grant for private counselling or hepatitis c or HIV tests and treatment.

If you are seeking a grant over £5,000 you should complete the household income section. All beneficiaries are still eligible for a grant whatever your income, but normally if your annual household income is over £40,000 you will only receive a SIBSS grant contribution of £5,000 (for ongoing costs like care this is £5,000 per year). In providing this information you do not need to include a person as a member of your household if they share your accommodation, but are not dependent on you for financial support, nor are you dependent on them – for example, a flatmate or a lodger.

In completing this form you **do not** need to include payments you receive from the Scottish Infected Blood Support Scheme, or any interest earned on those payments. Any regular monthly or quarterly payments from the scheme will be taken into account in assessing your total income; lump sum payments and interest earned on payments from the scheme will not be taken into account.

## How to apply

Please complete all sections of this form and send it along with the supporting documentation to:

Scottish Infected Blood Support Scheme

Practitioner Services

Gyle Square

1 South Gyle Crescent

Edinburgh EH12 9EB

## Supporting documents required

To allow us to assess your application, we require you to provide the following documentation:

* (Only if you are seeking a grant over £5,000) Last three months bank statements showing your household income (if the income is received into more than one account, please provide statements for all of those accounts).

We accept both regular and internet bank statements. If you are sending us printed internet bank statements, please ensure the print includes the HTTP address on the page.

* Quotes for the work, items or services that you would purchase with the grant.

Two quotes should be provided, unless there is only one suitable provider (if so, please let us know the reasons for this). Links to, or screenshots of, web pages can be used to show the cost of an item or service.

* If applicable for home adaptations, any paperwork you have relating to any permissions you have obtained (e.g. building warrants, planning permission, etc.). If you have not yet got these approved, let us know; we can progress your application, but would not normally be able to pay your grant until you have confirm that you have any necessary permissions from your Council.
* For health-related applications (e.g. mobility aids, respite care, home or vehicle adaptations, support in providing a carer, etc.) please include a letter from a registered health professional, such as a doctor or occupational therapist, confirming why the grant would be beneficial for you.

## What happens next

The Scottish Infected Blood Support Scheme will review the application to ensure you are eligible to receive the payment. If any additional details are required, the scheme will contact you to ask for these. Provided that the information supplied confirms you are eligible, you will receive a letter from the scheme to confirm the amount of the payments to be made and the date the payments will be sent to you.

## Help with this form

If you require any assistance in completing this form or with gathering the supplementing information requested above, please contact the Scottish Infected Blood Support Scheme on 0131 275 6754.

Application for support & assistance grant one-off grants

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# Section 1 Data protection and applicant’s declaration

|  |  |
| --- | --- |
| **✓** | Please tick to confirm |
|  | **I understand** that data I provide may be shared with NHS service providers to verify I have been infected with Hepatitis C from treatment with blood/blood products and NHS Counter Fraud Services to ensure accurate, timely payments, appropriate administration of public funds and for the purposes of  prevention, detection and investigation of fraud. |
|  |

## Declaration by applicant

**I agree** that the information I give on this form is complete and correct.

**I agree** to repay any money I receive to which it is found that I am no longer entitled.

**I understand** if I knowingly give wrong or incomplete information I may be subject to court proceedings.

**I understand** the NHS may obtain any data held on me by the Skipton Fund, the Caxton Foundation or any other current UK support scheme for the purposes of providing me with financial support.

**I understand** the NHS may require to access data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Applicant |  |  | Date |  |

## How we use your information

Under the Data Protection Act 2018, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data.

We only collect essential personal information required to process applications and make payments under the Scottish Infected Blood Support Scheme. This includes:

1. Your demographic information, contact telephone number, email address, marital status, National Insurance number and CHI number (this is a national database of all patients with NHS Scotland, which ensures correct identification of patients).
2. Details of your healthcare providers and the care you have received.
3. Bank account details.

Information can be found on the Practitioner Services Data Protection Notice published on the NSS website.

<https://nhsnss.org/services/practitioner/data-protection>

# Section 2 Applicant details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is your SIBSS reference number? | | | | **X** | **S** | **B** | |  |  |  |  |  |
|  | | | | | | | | | | | | |
| Title |  |  | First Name | | | |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| Middle Name(s) |  |  | Surname | | | |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| Previous Names |  | | | | | | | | | | | |
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|  |  |  |  | | | |  | | | | | |
| Address |  | | | | | | | | | | | |
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|  |  |  | Post Code | | | |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| Home Telephone |  |  | Mobile Telephone | | | |  | | | | | |
|  |  |  | | | | | |
|  |  |  |  | | | |  | | | | | |
| E-Mail Address |  |  | Date of Birth | | | |  | | | | | |
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# Section 3 Details of the grant being requested

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| --- | --- | --- | --- | --- | --- | --- |
| How much is the grant that you are requesting? (Note – you can provide an estimate if you are looking for ongoing support e.g. for a carer. If you provide details of the cost per hour and expected hours per week needed. If you need more later on let SIBSS know and we can arrange to increase your grant as needed.) | **£** | | | | | |
|  |  | | | | | |
| Please provide full details of how you would spend this grant: | | | | | | |
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| How would this grant benefit you? | | | | | | |
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|  | | | | | | |
| Have you applied to anyone else for this support?  (e.g. local authority, NHS Board, housing association, student funding bodies, Motability scheme, charitable organisations, etc.) | |  |  |  |  |
|  |  |  |  |
| Yes |  | No |  |
|  |  | | | | | |
| If ‘Yes’, please provide details of any applications you have made and the outcome of these | | | | | | |
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|  | | | | | | |
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| Do you require any permissions or consents in relation to how this grant will be spent? (e.g. building warrants, planning permission, listed building consent, etc.) | |  |  |  |  |
|  |  |  |  |
| Yes |  | No |  |
|  |  | | | | | |
| If ‘Yes’, please provide details | | | | | | |
|  | | | | | | |
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# Section 4 Household income & savings – if you are seeking less than £5,000 you do not need to complete this section – go to section 5

Please provide details of your household income. The figures you provide should be:

* Monthly, after deduction of tax, and
* Represent the income for you and all adults in your household

If your income varies, please provide the average income figure over the past six months. You do not need to include payments you receive from the Scottish Infected Blood Support Scheme, or any interest received on those payments.

|  |  |
| --- | --- |
| **Income Type** | **Monthly Income**  **(after tax)** |
| Income from employment | **£** |
| Sick Pay from employment | **£** |
| State pensions | **£** |
| Other pensions | **£** |
| Income from savings or investments (such as interest and dividends) | **£** |
| Benefits – Universal Credit | **£** |
| Benefits – Tax Credits, State Pension Credit and other Low Income Benefits, or Welfare Fund payments | **£** |
| Benefits – Jobseekers Allowance | **£** |
| Benefits – Employment and Support Allowance | **£** |
| Benefits – Personal Independence Payments, Attendance Allowance and Independent Living Fund support | **£** |
| Benefits – Child and Family Benefits | **£** |
| Benefits – Heating and Housing Benefits | **£** |
| Benefits – Bereavement Allowance | **£** |
| Other regular income – please specify: | **£** |

Please specify any savings or investments held over the value of £5,000 (note – you do not need to include one-off lump sum payments received from the Scottish Infected Blood Support Scheme)

|  |  |
| --- | --- |
| Savings | **£** |
| Shares | **£** |
| Other capital held (e.g. the value of any land or property you own, not including your main home) | **£** |

# Section 5 Payment details

Please provide the details of the bank account you would like payment made to:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name(s) of Account Holders(s) |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| Sort Code |  |  | **–** |  |  | **–** |  |  |
|  |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |