



Application for Supporting People Grant

Please complete this form in full if you want to apply for help to pay for a support service you receive.

Please use CAPITAL LETTERS, and tick the relevant boxes.

Section 1: Personal information.

Your title: (Mr, Miss, Mrs, Ms, Dr, etc.)	
Your full name:	
Your gender:	male <input type="checkbox"/> female <input type="checkbox"/>
Your address:	postcode:
Your phone number:	
Your date of birth:	
Your national insurance number:	
Do you have a partner who normally lives with you? If yes, please give details below.	yes <input type="checkbox"/> no <input type="checkbox"/>
What is their title? (Mr, Miss, Mrs, Ms, Dr, etc.)	_____
What is their full name?	_____
Are they male or female?	male <input type="checkbox"/> female <input type="checkbox"/>
What is their date of birth?	_____
What is their national insurance number?	_____

Section 2: About your support service.

Is the support provided/going to be provided at the address you have given on the front of this form? yes <input type="checkbox"/> no <input type="checkbox"/> If 'no', please write below the address where it will be provided.	
Name of your support provider:	
Their address:	
How much do they charge a week for support?	
Date you first started to receive the support:	
Date your tenancy started:	
Your tenancy reference or service user identification number:	
Date you first applied for housing benefit:	
Are you receiving a non-residential service from Wigan Social Services Department? Please tick all that apply.	home care <input type="checkbox"/> day care <input type="checkbox"/> transport <input type="checkbox"/> other <input type="checkbox"/>
Name of your landlord:	
Address of your landlord:	

Section 3: Data protection - exchange of information.

Please say whether or not you agree to the following:

Housing Benefit.

I/We give my/our consent for the Supporting People Team to request confirmation from the housing benefit section of the Council as to whether or not my/our claim for housing benefit has been successful; and for them to pass this information (including National Insurance Number, date on which housing benefit started and, if appropriate, date on which housing benefit ended) to the Supporting People Team.

Also, I give my consent for this information being passed to my/our support provider by the Supporting People Team, if necessary.

Yes (If you tick "yes" all sections of this form will be sent to the Housing Benefit section)
No

Financial assessment (1).

If my/our housing benefit claim is unsuccessful, I/we would like to request a financial assessment (for this I agree to my contact details being passed to the Financial Assessment Team).

Yes (If you tick "yes" all sections of this form will be sent to the Financial Assessment Team)
No

Financial assessment (2).

I am not/we are not applying for housing benefit, but I/we would like to apply for a financial assessment (for this I agree to my contact details being passed to the Financial Assessment Team).

Yes (If you tick "yes" all sections of this form will be sent to the Financial Assessment Team)
No

Section 4: Your authorisation.

We need your signature and your partner's signature if the tenancy is in joint names.

Your signature:	Date:
Your partner's signature:	Date:

Please return the completed form to:

**Wigan Council
Supporting People Team
Civic Centre
Millgate
Wigan
WN1 1AZ.**

You don't need to fill this part in - it is for our use only.

	Date	Initials
Form received		
Details entered on 'Swift' system		
Acknowledgement sent to provider/client		
Copy to sent to Housing Benefit		
Housing benefit determination received		
Housing benefit approved: Swift passporting set Swift Supporting People client ticked Form SPFC4 completed		
Housing benefit not approved: Referred to Financial Assessment Team Form SPFC5 completed		

Revised 27.10.03

Equal opportunities monitoring

We want to make sure that people from all ethnic groups have a fair and equal opportunity to access housing-related support services in the borough. In order to do this, we need to know the ethnic origin of people that apply for the Supporting People Grant.

We will treat the information you give us about your ethnicity as strictly confidential. It will not adversely affect your application for funding.

<h2 style="margin: 0;">Ethnic Origin</h2> <p style="margin: 0;">Please tick the box you think best describes you (and your partner, if you have one).</p>	
About you:	About your partner:
<p>White:</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p>	<p>White:</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p>
<p>Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background</p>	<p>Mixed:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background</p>
<p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>	<p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>
<p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p>	<p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p>
<p>Chinese or other ethnic group:</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p>	<p>Chinese or other ethnic group:</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p>
<p>Other:</p> <p><input type="checkbox"/> Other group _____</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>Other:</p> <p><input type="checkbox"/> Other group _____</p> <p><input type="checkbox"/> Prefer not to say</p>