

GUIDANCE NOTES

FORM I

APPLICATION FOR SUPPORT & ASSISTANCE GRANT
INCOME TOP-UP SUPPORT

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 the **Income Top-Up** support and assistance grant.

This is intended to provide additional support to those in financial need. Further details are available on our website at www.nhsnss.org/SIBSS

To be eligible to apply for this payment, you must either be:

Currently registered with the scheme for your own Hepatitis C infection and not receiving HIV or Advanced Hepatitis C payments

Or:

A widow, widower, civil partner, or a long-term cohabiting partner of a deceased beneficiary of the scheme who was living with the beneficiary at the time of their death and is not receiving any regular payment from the scheme in respect of their own, or their late partner's infection

If your circumstances differ to the above, please contact the Scottish Infected Blood Support Scheme for guidance.

Your household income and the number of family members living in your household are taken into account in assessing your eligibility for this type of support and assistance grant. 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 any supporting documentation requested to:

Scottish Infected Blood Support Scheme
Practitioner Services
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB

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SUPPORTING DOCUMENTS REQUIRED

This application requests details of your household income, as this information is necessary to allow us to assess your individual needs.

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

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.

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.

If your situation changes, for example changes to your income or the number of members of your household, you must let the scheme know as soon as possible.

HELP WITH THIS FORM

If you require any assistance in completing this form, please contact the Scottish Infected Blood Support Scheme on 0131 275 6754.

✓ Please tick to confirm

I **understand that** data I provide may be shared with NHS service providers and Counter Fraud Services to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime.

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 **am not** currently in prison and will inform the Scottish Infected Blood Support Scheme if I am imprisoned in the future.

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:

- a) Your demographic information, 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).
- b) Details of your healthcare providers and the care you have received.
- c) Bank account details.

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SECTION 2

APPLICANT DETAILS

What is your SIBSS reference number?

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Title

First Name

Middle Name(s)

Surname

Previous Names

Address

Post Code

Home Telephone

Mobile Telephone

E-Mail Address

Date of Birth

What is your marital status?

Tick One Option Below	<input checked="" type="checkbox"/>
Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Single	<input type="checkbox"/>
Living with Partner	<input type="checkbox"/>

NOTE – For the questions below, a dependent child is any individual under 16 years old, or anyone aged between 16 and 20 years old who is in full-time education. To count as living in your household, they need to be living there the majority of the time.

How many dependent children live within your household?

How many adults live within your household? For this question an adult is anyone who is 21 years old or over (not including e.g. flatmates or lodgers)

If you have any dependent children, please provide their names and dates of birth here:

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SECTION 3 HOUSEHOLD INCOME & SAVINGS

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 (as stated in Section 2)

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: (such as rent received from flatmates or lodgers)	£

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 4 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