

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 **One-Off Grant** from the scheme.

One-Off Grants aim to provide support to beneficiaries through contributing to the cost of essential items or services, normally worth over £200. 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 lower value grants available from the scheme are:

- Mobility aids
- Lower value health-related 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, or in some cases the cost of a funeral
- 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 have the scheme arrange a referral for you)

Examples of higher value grants over £5,000 are:

- Higher value home repairs
- Home adaptations
- Costs for provision of care at home
- Replacing income during time off work for Hepatitis C treatment

Further details are available on our website at www.nhsnss.org/SIBSS

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. 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 and take household income and in some cases also expenditure into account. 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.

GUIDANCE NOTES

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:

- 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 provide reasons for this). Links to, or screenshots of, web pages can be used to show the cost of an item or service.

- If applicable, any paperwork you have relating to any permissions you have obtained (e.g. building warrants, planning permission, etc).
- 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 to 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, please contact the Scottish Infected Blood Support Scheme on 0131 275 6754.

FORM J

APPLICATION FOR SUPPORT & ASSISTANCE GRANT
ONE-OFF GRANTS

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 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 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.

SECTION 2 APPLICANT DETAILS

What is your SIBSS reference number?

X	S	B					
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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:

PRIVATE AND CONFIDENTIAL

What is your employment status?

Tick One Option Below	<input checked="" type="checkbox"/>
Employed – Full Time	<input type="checkbox"/>
Employed – Part Time	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Retired	<input type="checkbox"/>
In Education	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

SECTION 3 | **DETAILS OF THE GRANT BEING REQUESTED**

How much is the grant that you are requesting?

£

Please provide full details of how you would spend this grant:

How would this grant benefit you?

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

PRIVATE AND CONFIDENTIAL

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

SECTION 4 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:	£

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 HOUSEHOLD EXPENDITURE

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

- Average monthly figures
- Represent the expenditure for the whole of your household

Expenditure Type	Monthly Payment
Mortgage or rent	£
Council Tax and water	£
Gas & electricity	£
TV, telephone & internet	£
Housekeeping (e.g. groceries)	£
Buildings & contents insurance	£
Motoring costs (e.g. finance payments, servicing, tax, insurance)	£
Other insurances	£
Clothing & personal items	£
Regular travel costs	£
Bank charges	£
Loans, credit cards & other debt payments	£
Other regular expenditure (please specify):	£

SECTION 6 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