



IN CONFIDENCE WHEN COMPLETED
APPLICATION FOR ASSISTANCE

Florence Nightingale Aid in Sickness Trust
6 Avonmore Road, London W14 8RL
Registered Charity No 211896

Name in full: Mr/Mrs/Miss/Ms	Date
Address	
Town	Postcode
County	Tel. No (incl. Code)
Date of Birth	National Insurance No.
Is the applicant a UK Citizen? If so for how long?	
What is the applicant's marital status? (if under 18 years of age then please give parent's or guardian's marital status) What is/was the applicant's employment history? (if under 18 years of age then please give parent's or guardian's employment history)	
Please give names and ages of all members of the household and details of employment where applicable	
Name and address of organisation approaching us for funding. (How did you hear of the Florence Nightingale Aid in Sickness Trust?) Please attach a covering letter on headed paper with the charity no. when applicable, listing any other charities you have approached.	
Signature of Caseworker	Date

HOUSEHOLD WEEKLY INCOME AND EXPENDITURE

WEEKLY INCOME

WEEKLY EXPENDITURE

	£		£
Wages/Salary Applicant		Mortgage	
Wages/Salary Spouse/Partner		Rent	
Income Support Applicant		Council Tax	
Income Support Spouse/Partner		Gas	
Disability Living Allowance		Electricity	
Attendance Allowance		Water rates	
Incapacity Benefit		Telephone	
Family/child related benefits		T.V./satellite/cable	
Widows Pension		Building Insurance	
Retirement Pension		Life Insurance	
Pension Credit		Pension contributions	
1. Guarantee Credit		Housekeeping (Food etc.,)	
2. Savings Credit		Car expenses	
Occupation or other Pension		Travel costs	
War Pension		Prescriptions	
Other benefits		Liabilities/debts	
Please list any other benefits or income not listed above:-		Childcare costs	
		Please list expenditure not listed above:-	
Total			

Report and Recommendations:-

Please give information on the applicant's medical history with details of what is required and the cost of the aid in sickness item needed.

We will require an Occupational Therapists report/assessment to confirm that the item requested is suitable for your needs (beds, riser/recliner chairs lightweight wheelchairs etc..) before a case can be considered by the Committee.

You will appreciate that as a charity FNAIST can only consider awarding a grant once it has been confirmed by the Local Authority and Health that they cannot provide the item or funding. Please give full details of the reason why the Local Authority cannot assist.

Declaration by the applicant

I authorise Social Services, Social Worker, Occupational Therapist, Doctor or another Charity to approach other charities on my behalf.

Signature of applicant or parent/guardian

Date

**Cheques will be made to the supplier against an invoice or where part funding is provided to the Case Workers organisation never directly to the client.
Please include the cheque payee name.**