

PLEASE NOTE: Applications must be endorsed by a qualified Medical or Healthcare professional (Doctor, Social Worker etc)

Endorsement

Name of Child:

He/she has been diagnosed as living with a potentially life-shortening illness namely:

.....

Please state, in your professional opinion, how the items requested in this application will be of benefit to the child and their family (enclose a letter, if preferred but please remember to sign this form).



APPLICATION FORM

Name of person endorsing this application:

Health Regulator & Registration No.....

Relationship to Child (e.g. Doctor, Social Worker etc.)

.....

Organisation:

Address:

.....

County:Postcode:

Telephone No:Email:

Signature:Date:

If English is not your first language and you would like assistance to make an application, please telephone the React office where we will try our best to help you.

React
St. Luke's House
270 Sandycombe Road
Kew, Surrey
TW9 3NP

Tel: 020 8940 2575
Email: react@reactcharity.org
Website: www.reactcharity.org

Application to be completed by Parent or Guardian

Name of Child/Young Person:

Date of Birth:Age:

Name of Parent/Guardian:

Address:

County:..... Postcode:

Email: Telephone No:

Items/assistance required: Please provide as much information as possible including exact prices and quotation.

How will these items be of benefit to you and help you to care for your child?

Are the items available through your local health authority or any other organisation, including the Family Fund? If yes, have you applied and what is the response to date?

Please add anything else you feel React should know:

Write the name of your chosen supplier(s) and the exact name of who the cheque should be payable to if this application is successful:

All confidential information is stored securely and not shared outside React without prior consent

Financial Status Questionnaire		
<i>(Financial details of all persons living with the child must be given)</i>		
Names of Parent/Guardian:		Partner:
Occupation:		Occupation:
Other Children / Dependants: Yes / No		
If Yes, please give names, ages and date of birth:		
Amount requested: £		
Please fill in all relevant sections of monthly income and expenditure		
Details of Low Income Benefits <u>Per Month</u>	Salary/Wages <u>Per Month</u>	Family Expenditure <u>Per Month</u>
<u>Universal Credit:</u>	Wages (after tax):	Rent, Council Tax, Mortgage:
Housing Benefit:	Savings:	Electricity, Gas & Telephone:
Income Support:	Carers Allowance:	Car:
Working Tax Credits:	Child Benefit:	Food & Clothing:
Job Seekers Allowance:	Disability Living Allowance:	Loans:
Child Tax Credits:	Other:	Miscellaneous:
Total:	Total:	Total:
<i>I confirm that the information given above is correct. I agree to React contacting my sponsor to obtain further relevant information in relation to this application if necessary.</i>		
SIGNATURE OF PARENT / GUARDIAN :		
DATE:		