

**COST OF LIVING SUPPORT FUND APPLICATION FORM**

**Guidance notes (please read before completing)**

Our Cost of Living Support Fund helps support people living with MND facing financial hardship with a one-off payment towards household bills and food shopping with up to a maximum of **£500**.

Please contact our MND Connect team on **0808 802 6262** if you wish to discuss before applying.

**Exclusions**

The Association will not provide a grant in the following instances:

* Retrospective funding
* Repayment of debt

For more details on exclusions on all our grants, please see section 5 of our [Support Grant Guidance.](https://www.mndassociation.org/app/uploads/2022/09/Support-Grant-Guidance-September-2022.pdf) The Association may also provide a grant in exceptional circumstances, this is detailed in in Section 7.

Please complete the application in full -**all questions are mandatory.** Incomplete application forms will result in delays. Please send your application form to the Support Services team by email at support.services@mndassociation.org or by post at the address below.

Motor Neurone Disease Association
Francis Crick House

6 Summerhouse Road,

Moulton Park, Northampton

NN3 6BJ

**Disclaimer**

Please note that the Association is not a party to any agreement that you may enter into with the service provider, it has not vetted the service provider, nor does it endorse the service provider or accept any liability for any loss that may be incurred or any responsibility for any issues or problems that may arise as a result of your dealings with the service provider.

**1.DETAILS OF PERSON WITH MND**

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| --- | --- |
| **Title:** Mr/Mrs/Ms/Miss/Mx/Other/No title............ **First Name:** **Surname:** | Gender:Male [ ]  Female [ ]  Non-Binary [ ]  Trans [ ] Other [ ]  |
| Date of birth: | Date of diagnosis: |
| NHS Number (if known): | MND Association membership number (if known): |
| Address: Postcode:  | Preferred contact name and method for queries relating to this application: -Name: [ ] Telephone[ ] Email |
| E-mail address: |
| Telephone: |
| **\*Optional** – Work History/Profession(s)There are other charities and organisations, linked to current and former occupations, who may be able to help you with additional financial support. For example, [SAFFA,](https://www.ssafa.org.uk/) [The Charity for Civil Servants](https://www.cfcs.org.uk/help-advice/caring-for-others/caring-and-finances/), [Royal British Legion.](https://www.britishlegion.org.uk/)To enable us to signpost you to other charities/organisations, please list below your current or previous work occupation(s)/profession(s): -Alternatively, you might find our [Other sources of funding](https://www.mndassociation.org/sites/default/files/2023-06/Other%20sources%20of%20funding%20pdf%20updtaed%20June%202023.pdf) document useful which has links to other charities and organisations (*please note the list isn't exhaustive and we do not endorse any of the organisations listed).* |

**2. DETAILS OF PERSON MAKING THE APPLICATION – if different to above**

|  |  |
| --- | --- |
| Full name of person making the application:  | Connection to applicant (Association Visitor/Family Member/Other): |
| Address:Postcode:E-mail:Telephone: |

**3. GRANT DETAILS**

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| 1) Amount requested (**up to a max £500**): £2) **Supporting statement**Please explain why the Cost-of-Living Fund is required and how it will be used: |

**4. PAYMENT DETAILS:**

**If your application is successful, we may pay you direct. Please ensure that these details are correct. Your bank details are stored securely.**

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| **Bank Name:****Account Holders name:****Sort Code: 6 digits**

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| --- | --- | --- | --- | --- | --- |
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**Bank Account Number: 8 digits**

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**5. DATA PROTECTION STATEMENT**

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| The Association will follow procedures for recording, storing, and updating personal information all of which will comply with the Data Protection Act 1998 and any subsequent legislation including the General Data Protection Regulation.  We may occasionally share your information within the Association and with local health and social care professionals where it helps with your care and support or with development of better services.  If you have already expressed a preference for future contact, we will follow these, if not we may ask you for your views on how our services might be improved. If you do not want us to be in contact, please let us know on support.services@mndassociation.org Please see our privacy policy on our website [www.mndassociation.org](http://www.mndassociation.org) for full details of how we use your information.  In making this application I consent to:* This application being made for/on my behalf
* Details of this application being held on record by the MND Association
 |
| **Signature of person with MND or the person applying:**  | **Date:**  |