

## **Citizens Advice Reigate and Banstead (CARB)**

### **Carers Support Grant - Application Form**

In applying for a Carer Support Grant, I confirm that I am providing a regular and substantial amount of care to another person, without payment, due to their age, physical or mental illness, learning disability or addiction.

<b>Name of applicant</b>	
<b>Client Reference (internal use only)</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Phone number</b>	
<b>Name of person being cared for, their relationship to the applicant, and the nature of their illness or disability.</b>	
<b>Their address, if different from applicant.</b>	

<b>If the person you care for does not live with you, please describe the care that you provide.</b>	
<b>What state benefits does the cared-for person receive because of their illness or disability?</b>  <b>Please say which components or levels have been awarded e.g., lowest/middle/highest for DLA, Living/Mobility for PIP etc.</b>  <b>If an application for disability benefits has been made but has not yet been decided, please give details.)</b>	
<b>How much is the grant you are requesting and what would be the grant be used for?</b>	
<b>In what ways would the grant help to improve your health and wellbeing?</b>	
<b>What steps have you taken to explore other sources of funding?</b>	

<p><b>Have you received another carers support grant from CARB within the last twelve months?</b></p>	

### Required documents:

- |  |          |
|--|----------|
| • Proof of ID  | Yes / No |
| • Proof of Address                                   | Yes / No |
| • Evidence of cared-for person's benefits            | Yes / No |
| • Evidence of applicants' role as carer              | Yes / No |
| • Evidence of quote for goods or services requested. | Yes / No |

We will be unable to process your application if you leave any sections of the form blank or if the appropriate documentation is not provided.

### Declaration and signature

By signing this application below,

- I confirm that the information provided in this application is accurate, and that there is no other information relevant to this application which has not been disclosed.
- I grant consent to CARB to hold the information contained in or enclosed with this application and I consent to CARB sharing this information with other organisations to check the information provided by me
- I acknowledge that where any goods or services are requested, CARB can accept no liability as a supplier for the quality or fitness for purpose of goods or services delivered to me or my nominated contact, and that any liability arising in respect of such goods or services shall be the

liability of the manufacturer or supplier providing or delivering the equipment or services in question.

Signature of applicant:	Date:
Eligibility confirmed by: (internal use only)	Date:
Grant authorised by: (internal use only)	Date: