* Access to the fund is intended to be straight-forward and most of the information required should already exist within the Assessment and TAF documentation for the family. The purpose of the funding is to meet an emergency need for basic provisions.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE INDICATE WHICH FUNDING YOU ARE APPLYING FOR** | | | | | | | |
|  | | | | | | | |
| **CFW LP Budget** |  |  | **Self-isolation Support** |  |  | **Household Support Fund** |  |

|  |  |
| --- | --- |
| **LEAD PROFESSIONAL DETAILS** | |
| Name: |  |
| Job Title: |  |
| District: |  |
| Email: |  |
| Contact number |  |

|  |  |
| --- | --- |
| **FAMILY/ASSESSMENT DETAILS** | |
| Child name: |  |
| CAF/EHM number: |  |
| Parent name: |  |
| Parent contact number: |  |
| Address: |  |
| Post Code: |  |

|  |
| --- |
| **Outline the unmet need identified requiring support (from Assessment). How will this application support the unmet need?** |
|  |
| **What will the money be spent on? (from TAF Action Plan)** |
|  |
| **What are the expected outcomes from this support? For example how will this funding ensure resilience building in the long-term. (linked to TAF Action Plan)** |
|  |

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| **EQUIPMENT/SERVICES DETAILS** | | | |
| **What is the expected cost of the equipment/service? Please give a breakdown of details AND total costs.**  **NB PLEASE NOTE THAT THE CHEAPEST OPTION WILL BE SOURCED AND PURCHASED IF APPROVED.** | | | |
| Item description  e.g. single bed, fridge. |  | | |
| Number Required |  | Size if clothing or max appliance width if specific size required |  |
| Any special requirements |  | | |
| Item description  e.g. single bed, fridge. |  | | |
| Number Required |  | Size if clothing or max appliance width if specific size required |  |
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| Item description  e.g. single bed, fridge. |  | | |
| Number Required |  | Size if clothing or max appliance width if specific size required |  |
| Any special requirements |  | | |

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| --- | --- | --- | --- | --- |
| **SPECIALIST EQUIPMENT** | | | | |
| Web link to item: | | | | |
| Number required: | |  | Size if clothing: Size if clothing or max appliance width if specific size required |  |
| Price per item: | |  | | |
| Item description: | |  | | |
| Please explain why the family require a specialist item. | | | | |
| Any other info: | | | | |
| **Has a provider for the equipment/service been identified? If so, please provide details** | | | | |
|  | | | | |
| **DETAILS OF GOODS/SERVICE AND SUPPLIER** | | | | |
| Organisation name: |  | | Does this supplier have to be used? | Choose an item. |
| Address: |  | | | |
| Telephone: |  | | | |
| Email: |  | | | |
| **Cost:** |  | | **Total Cost:** |  |

Funding requests under £200 can be authorised by the CFW Team Manager.

Funding requests between £200 - £500 will be sent to the CFW Integrated Services Manager. Please allow time for this response.

Please note that you and/or TAF members may be asked to complete a short Case Study to demonstrate the outcome of the funding for the family.

|  |  |
| --- | --- |
| **Family consent** | |
| **I agree to the personal information about me in this application being kept on the Children and Family Wellbeing Service database, and as a written record**.  I understand that this information will be viewed by Children and Family Wellbeing Service managers in order to assess my application and may be used for monitoring and evaluation purposes in connection with the provision of services by the Children and Family Wellbeing Service. The data controller is Lancashire County Council.  More information regarding how your information is used and kept safe can be found in the CFW Privacy Notice at;  <http://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/children-and-family-wellbeing-service-privacy-notice/>  I understand that I am able to withdraw consent at any time.  Date:  Click here to enter a date. | |
| Family applicant name: |  |
| Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorisation** | | | |
| **I confirm that I agree to the funding of the provision outlined in this application** | | | |
| Team Manager/Integrated Services Manager Name: |  | Date: | Click here to enter a date. |
| Signature: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Office Use Only** | | | |
| Date received: | Click here to enter a date. | Date of response: | Click here to enter a date. |
| Application Reference: |  | | |

**Please return this form to** [**cfwearlyhelp@lancashire.gov.uk**](mailto:cfwearlyhelp@lancashire.gov.uk)