

NACC Personal Grants Fund

These notes will guide you in considering whether to make an application to NACC's Personal Grants Fund.

NACC has established this fund to assist people suffering from ulcerative colitis or Crohn's disease (inflammatory bowel disease) to meet special needs which have arisen as a direct result of their illness. Some of the items the Personal Grants Committee is asked to consider to meet such needs are washing machines, telephone installation, special clothing, bedding and holidays for a much needed rest.

Applications should be for one off grants rather than ongoing needs such as heating and food. Grants will not usually exceed £300, and can be for the whole or part of the item. Only in exceptional circumstances will grants be made for more than 3 years in any 5.

If you feel that a grant would help you in coping with your illness, please complete the enclosed application form and return it to the above address for consideration at the next Personal Grants Committee meeting. These are currently held 3 or 4 times a year.

To save time, please enclose an estimate(s) for the item you want. Please note that Grants are usually paid to the shop, travel agent etc. and not to the applicant.

You will see that there is a section on the back of the form which must be completed by your Doctor, and another to be completed by your Social Worker. If, for any reason, you do not have a Social Worker, the committee are prepared to consider applications endorsed by a Health Visitor, District Nurse or member of a Citizen's Advice Bureau.

Whilst the committee treat all applications in confidence, they reserve the right to contact the Social Worker and Doctor (or other person) who have supported the application.

Julia Devereux
Personal Grants Secretary

*** Please note that I only work part-time and will not always be able to respond to your call on the same day.**

Contact details:

**Personal Grants Fund Secretary, PO Box 334, St Albans, Herts. AL1 2WA
Tel/Fax 01727 759654 Email: Julia.devereux@nacc.org.uk**



NACC PERSONAL GRANTS FUND - APPLICATION FORM

Your personal details

Name Age

(If you are a parent or guardian applying on behalf of a child, please give your name also.)

Address Telephone Number

Marital Status Family Details

Occupation Employed Unemployed

Your and your family's financial details

Net Weekly Income Sources*

(* Please send any supporting documents)

Weekly Outgoings

Rent/Mortgage Water Rates

Council Tax Insurances

Gas Telephone

Electricity TV

Other Fuel HP, Clubs etc.

Other

Savings (if any)

What are you applying for?

Why do you need it?

What is the Approximate Cost (to save time please attach Quotation(s) or Estimate(s))?

Your Signature: **Date:** / /0 .

NACC needs the information requested in this form in order to come to a fair decision regarding the application for a Welfare Grant

CONFIDENTIALITY: All information will be treated by NACC and the Personal Grants Committee in confidence, but the Committee reserve the right to approach your Doctor and/or Social Worker for further help or information; and to use the information in an anonymous form.

What other sources have been approached for financial help?

DSS Other charitable funds

Amounts available from other sources

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Your Doctor's Report:

Diagnosis: Colitis Crohn's

Date of onset:

Additional comments (if any)

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.....

Signature

Phone No.

Dear Doctor, NACC are grateful for your co-operation in completing this section of the application form, and trust that since this is a Personal Grants Application you will waive any fee which you might otherwise wish to charge.

Your Social Worker's * Comments:

Signature of Social Worker:

Date.....

Address

Phone No.....

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* If you have no Social Worker, then a Health Visitor, District Nurse, CAB Adviser or similar person is acceptable.