|  |  |  |
| --- | --- | --- |
| **BROMLEY COVID WINTER GRANT APPLICATION** | Date form received: |  |

Please complete Parts 1 to 6

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1: APPLICANTS DETAILS** | | | | | | | |
| First Name: |  | | DOB: | |  | | |
| Surname: |  | | | | | | |
| Address: |  | | | | | | |
| Postcode: |  | | | | | | |
| Email Address: |  | | | | | | |
| Telephone Number: |  | | | | | | |
| **PART 2: Does anyone in your h/hold receive support or are in contact from the following services:** | | **YES** | | **NO** | **Ref / Comment:** | | |
| LBB Housing | |  | |  |  | | |
| LBB Early Intervention and Family Support (BCP) | |  | |  |  | | |
| LBB - YOS | |  | |  |  | | |
| LBB - CSC | |  | |  |  | | |
| LBB - ASC | |  | |  |  | | |
| School – please identify | |  | |  |  | | |
| Housing – Clarion | |  | |  |  | | |
| Housing – please identify | |  | |  |  | | |
| Bromley Homeless Shelter | |  | |  |  | | |
| Age UK | |  | |  |  | | |
| Bromley Drugs & Alcohol Service / CGL | |  | |  |  | | |
| Bromley & Lewisham MIND | |  | |  |  | | |
| Bromley MENCAP | |  | |  |  | | |
| Bromley and Croydon Women’s Aid | |  | |  |  | | |
| Citizens Advice Bureau | |  | |  |  | | |
| Job Centre Plus | |  | |  |  | | |
| Police | |  | |  |  | | |
| Other – please identify | |  | |  |  | | |
| **PART 3: ABOUT YOUR FAMILY** | | | | | | **YES** | **NO** |
| Is Beneficiary in receipt of Universal Credit/Housing Benefit? | | | | | |  |  |
| If there are children in the household, are the children home-schooled? | | | | | |  |  |
| How many dependent children are living in this household? | | | | | |  | |

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| **PART 4: FURTHER DETAILS** | **YES** | **NO** |
| Have you been notified about this scheme through your child’s school? |  |  |

|  |  |  |  |  |  |
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| **PART 5: REQUESTED GOODS / SERVICES / SUPPORT** | | | | | |
|  | YES | NO |  | YES | NO |
| Winter clothing |  |  | Water bill |  |  |
| Fridge Freezer |  |  | Water bill – arrears |  |  |
| Gas Cooker |  |  | Electricity bill |  |  |
| Electric Cooker |  |  | Electric bill – arrears |  |  |
| Single Bed |  |  | Gas bill |  |  |
| Single Mattress |  |  | Gas bill – arrears |  |  |
| Single bed blankets/bedding |  |  | Boiler Repair |  |  |
| Double Bed |  |  | Boiler Service |  |  |
| Double Mattress |  |  | Heater |  |  |
| Double bed blankets/bedding |  |  | Essential Toiletries |  |  |
| Money Advice |  |  | Food voucher |  |  |
| Other (provide details below) |  |  |
|  | | |

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| **PART 6: PLEASE PROVIDE REASON FOR REQUEST** | |
| Please provide details including if anyone household members have a vulnerability. |  |

**NEXT STEPS:**

1. IF YOU ARE REFERRING YOURSELF PLEASE SUBMIT THIS FORM TO [BCWG@bromley.gov.uk](mailto:BCWG@bromley.gov.uk)
2. IF YOU ARE EMPLOYED IN A PARTNER AGENCY / OR WORKING FOR AN LBB SERVICE PLEASE EMAIL [BCWG@bromley.gov.uk](mailto:BCWG@bromley.gov.uk) TO REQUEST A SEPARATE REFERRAL FORM

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| --- | --- | --- | --- | --- | --- | --- |
| **PART 7: MANAGER AUTHORISATION** | | | | | | |
| Once the form has been fully completed and a decision made whether to award/not award, the authorising manager/money advice officer should send this form to [BCWGapprove@bromley.gov.uk](mailto:BCWGapprove@bromley.gov.uk) | | | | | | |
|  | | **YES** | **NO** |  | **YES** | **NO** |
| **A:** Winter clothing | |  |  | **B:** Water bill |  |  |
| **C:** Fridge Freezer | |  |  | **B:** Water bill – arrears |  |  |
| **C:** Gas Cooker | |  |  | **B:** Electricity bill |  |  |
| **C:** Electric Cooker | |  |  | **B:** Electric bill – arrears |  |  |
| **A:** Single Bed | |  |  | **B:** Gas bill |  |  |
| **A:** Single Mattress | |  |  | **B:** Gas bill – arrears |  |  |
| **A:** Single bed Blankets/bedding | |  |  | **B:** Boiler Repair |  |  |
| **A:** Double Bed | |  |  | **B:** Boiler Service |  |  |
| **A:** Double Mattress | |  |  | **C:** Heater |  |  |
| **A:** Double bed Blankets/bedding | |  |  | **A:** Essential Toiletries |  |  |
| **C:** Money Advice | |  |  | **C:** Food voucher  NB:  Only applicable if children are ‘home schooled’ or not school aged. |  |  |
| **B:** Other (provide details below) | |  |  |
|  | | | |
| **Manager Comments – (for example if goods/service have been declined)** | | | | | | |
|  | | | | | | |
| **PART 8: AUTHORISING MANAGER’S DETAILS** | | | | | | |
| Manager’s  Name: |  | | | | | |
| Manager’s  Job Title & Team |  | | | | | |
| Manager’s  Email address: |  | | | | | |
| Manager’s  Telephone number: |  | | | | | |