
HANDICAPPED CHILDREN'S 'ACTION' GROUP

Registered Charity No.1015438

All Correspondence to:

Unit 7, Cleethorpes Business Centre,
Jackson Place,
Grimsby,
NE Lincs, DN36 4AS
Telephone: 01472 813000
Email: info@hcag.org.uk
or ca.davies110@yahoo.co.uk
Website: www.hcag.org.uk



Handicapped Children's 'Action' Group was established to help children whose families are unable to afford the equipment they need.

Please read carefully before signing:

1. All applications are carefully considered. No preference is given to race, religion, or gender. Applications, however, will only be accepted on behalf of children with physical disabilities or learning difficulties up until the age that they leave full-time education.

2. Please complete in as much detail as possible all of the required details of this application form.

On completion, please return this form to:

**HCAG, Unit 7, Cleethorpes Business Centre, Jackson Place, Cleethorpes,
North East Lincolnshire, DN36 4AS or
ca.davies110@yahoo.co.uk**

On receipt, your application will be registered on our requirements database.

We will then require a letter confirming your child's disability that should be from a professional confirming the need and suitability of the equipment required. Further, if available, we will require a quotation of the equipment required. These should then be forwarded to the contact details above either with the application or following application submission.

3. It is the policy of the charity not to continue with any on-going expenses for the general upkeep and maintenance of the equipment provided. This must be the responsibility of the family receiving the equipment on behalf of their child.

4. Applicants may be asked to contribute to the equipment they require. The amount is dependent on varying circumstances that will be discussed with the applicant.

5. It is understood and agreed that in the event of over-funding for your child's equipment, Handicapped Children's 'Action' Group will hold all excess funds that will be paid into the general charity fund for future applicants. No excess funds will be paid to any family.

I AGREE TO THE ABOVE CONDITIONS SHOULD MY APPLICATION BE ACCEPTED

Signature of parent/guardian (electronic sig if e-mailing):

Date:

**PLEASE NOTE: THE DECISION OF THE TRUSTEES IS FINAL AND NO
CORRESPONDENCE CAN BE ENTERED INTO.**

APPLICATION FOR SPECIALIST EQUIPMENT FOR CONSIDERATION BY THE TRUSTEES

DETAILS OF CHILD

SURNAME:

FIRST GIVEN NAME:

ADDRESS:

DATE OF BIRTH:

No of brothers: ages:

No of sisters: ages:

DISABILITY:

SCHOOL ATTENDED:

IS THIS A MAIN STREAM OR SPECIAL NEEDS SCHOOL:

What local services are you using at present (if any) regarding your child's disability (eg CDC, Portage etc):

Details of parents/guardians:

NAME:

RELATIONSHIP TO CHILD:

MARRIED/SINGLE:

TELEPHONE No:

EMAIL ADDRESS:

HOW LONG AT ABOVE ADDRESS:

TYPE OF EQUIPMENT REQUIRED:

AT AN ESTIMATED COST OF £

FINANCIAL REQUIREMENTS

Please complete every question on the income and expenditure sheets, leaving no question unanswered. This will save time when processing your application.

INCOME (£):

Fathers salary:

Mothers salary:

Income support:

Incapacity/invalidity benefit:

Child Benefit:

Working tax credit:

Child tax credit:

Disability living allowance (care):

Disability living allowance (mobility):

Attendance allowance:

Maintenance received:

Retirement pension:

Universal Credit:

P I P:

Housing benefit:

Any other income:

TOTAL MONTHLY INCOME £:

EXPENDITURE (£):

Rent:

Mortgage:

Council tax:

Water rates:

Electricity:

Gas:

Clothing:

Insurance:

Fares/travel:

Car expenses:

Maintenance paid:

Household expenses (to include food and cleaning materials):

Telephone:

Childcare costs:

Loan commitments:

TV Licence:

Any other expenditure:

Debts/arrears: (please specify)

TOTAL MONTHLY EXPENDITURE £:

A LITTLE BIT MORE ABOUT YOUR CHILD

It would be helpful to know a little more about you and your child.

Family religion:

Would you consider your child to have learning difficulties?

On a scale of 1(mild) to 10(severe), how would you rate this:

What is your child interested in at present, e.g. TV/DVD's, clubs, music etc:

How would you describe your child's personality?

Does the family have any activities they can all be involved with?

What is the main persons occupation?

What benefits do you believe the equipment requested will give your child and family?

Over the past years, because it has become increasingly difficult to secure the funds we need to provide the equipment requested.

The additional information given, will enable us to approach organizations that may be able to give assistance alongside our charity, therefore enabling us to help provide the equipment much more quickly.

Along with this information, we would need to use your child's first given name and initial of surname, age, disability, and the city/town where they reside.

Please tick and sign alongside to confirm your consent.

I consent signed.....

I do NOT consent signed.....

Dated:

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CONFIRMATION OF REQUIREMENTS

1. APPLICATION FORM

**2. A LETTER FROM A PROFESSIONAL WHO KNOWS AND WORKS WITH
YOUR CHILD, CONFIRMING DISABILITY AND THE NEED AND SUITABILITY OF THE
EQUIPMENT REQUESTED**

3. A COPY OF THE EQUIPMENT QUOTATION

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