Application for financial support to the parents who care 24/7 for their seriously ill Child/Children suffering a life limiting condition.

Failure to complete this form fully will result in us having to contact you for more information, slowing down the application process. Please see our application criteria & guidelines attached.
We will respond to your application within 12 weeks.

Please return to: The Charlie & Carter Foundation, 18 Denmark Centre, Fowler Street, South Shields, Tyne and Wear, NE33 2LR

1 Information relating to the sick child and siblings

Name of sick child: ……...

Date of birth: ……

Address where sick child resides: ……

Age of siblings: ……...

2 Information relating to the Parents/Guardian

Name Parent/Guardian 1: ……..

Full address: ……..

Contact No: ……..

Email address: ……..

Recent three months bank account statements provided (for all bank accounts): Yes/No

Name of Parent/Guardian 2: ...……..

Full address: ……..

Contact No: ……...

Email address: ……..

Recent three months bank account statements provided (for all bank accounts): Yes/No

If you have a joint bank account, please also provide statements covering the previous 3 months.

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Please provide details of any previous application(s) you have made to The Charlie & Carter Foundation. **We will only provide a maximum of two grants per family.**

	Year	Amount Received
Grant 1	……..	£……..
Grant 2	……..	£……..

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a) Please give information on the sick child and family background including parent's/guardians' occupations, please specify how the working parent's/guardians' hours have changed since the birth of their sick child.

Parent/Guardian 1

Occupation**:** ……

How have hours changed: ……

……

Age: ……

Nationality: .....

Parent/Guardian 2

Occupation**:** ……

How have hours changed: ……

……

Age: ……

Nationality: .....

Please provide us with a detailed account of the impact of looking after your seriously ill child 24/7 and the effect it is having on your family life. Detail the problems you face, for example: please include daily medicine admissions, physio, medical care, medical procedures and overnight routine. Please include any background information as to how your child became ill.

(Please continue onto additional sheet if necessary)

b) Please also give details of the Sick Child's Condition/Diagnosis – This must be supported by a letter from a medical professional addressed to The Charlie & Carter Foundation. Please refer to our application criteria for funding when completing this section.

c) Please provide a detailed breakdown of your financial situation i.e. incomings, outgoings, information on mortgage or rent payments, other bills etc. Please include all your family's income including any child related payments and any financial support from friends/family. Continue onto a separate sheet if necessary:

Income (Monthly)	£	Expenditure (Monthly)	£
Wages/Salary:		Mortgage:	
Wages/Salary (Partner):		Mortgage Endowment Policy:	
Jobseekers Allowance:		Second Mortgage:	
Universal Credit:		Rent:	
Pension Credit:		Council Tax:	
DLA/PIP:		Water Rates:	
Tax Credit (Family/Working):		Ground Rent/Service Charge:	
Retirement of Works Pension:		Life Insurance & Pension:	
Child Benefit:		Gas:	
Incapacity Benefit:		Electricity:	
Maintenance/CSA:		Other fuel:	
Non-dependent's Contribution:		Food:	
Foster Parents Income:		TV Rental & Licence:	
Rent/Board:		Maintenance Payment:	
Carers Allowance:		Hire Purchase Vehicle:	
Child Tax Credit:		Travelling Expenses:	
Other:		School Meals:	
		Clothing:	
		Child Minding:	
		Phone/Mobile Phone:	
		Prescription/Health Costs:	
Total Income:		**Total Expenditure:**	
		Total Income:	
		Minus Total Expenditure:	
		Minus Monthly Payment to Creditors	
		Balance	

Creditor	Balance £	Monthly Payment £
Total Monthly Payments:		

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The Charlie & Carter Foundation consider it necessary for all applications to be accompanied by a letter from either the seriously ill child's Consultant, Social Worker, or Community Nurse. Please return this with your completed application form.

If your application is successful, would you be happy with your family story, photos and videos to be shared on our media sites and used in our promotional material. This would help us spread awareness of the work we do and raise vital funds to financially support more families.

Yes ☐ **No** ☐

All the information provided is accurate and correct to the best of your knowledge.

Signature of Parent/Guardian 1: _____

Print Name: _____

Signature of Parent/Guardian 2: _____

Print Name: _____

Date: _____

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Check List - Please remember to enclose the following:

A supporting letter from a medical professional, detailing the child's full condition and confirmation of **life limiting diagnosis.**

Proof of: Benefits, Bills, Wage Slips, Proof of ID (photocopies accepted)

Bank Statements (covering the past 3 months) for **all** accounts in one household, including any savings accounts. Statements must match expenditure recorded within this application form.

A picture of the child named in the application for their file.

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How did you find out about the Charlie & Carter Foundation?

School/College	Supplier
Medical Professional	Internet
Library	Newspaper/Magazine
Word of Mouth	Other (please state)

PLEASE NOTE:

If the following correspondence is not received this will delay your application being assessed.
Three month's bank statements for all accounts must be included that will illustrate all income and outgoings declared within the application form you have provided.

Letter from GP/Consultant explaining your child's diagnosis in full, including confirmation of diagnosis with life limiting condition.