

# Children's Fund Application Form

## COVID-19 Fund for Children

**Please note** – this particular fund is for children and families. For other support including other grants, please go to <https://www.gloucestershire.gov.uk/covid-19-information-and-advice/> for information, advice and guidance.

### Eligibility

To access support from this fund you must be or have one or more of the following – please tick all that apply. To assess your form quickly so you are able to get the support you need please show your eligibility to a professional you are working with or send a photograph of it with this application to the email below.

If you are unclear of what to send to us, submit the form and a member of staff will contact you. Please be aware this may delay the timescale for receiving support.

#### ELIGIBILITY GROUP A

I am a resident in Gloucestershire.

I am aged 16 years or older.

#### ELIGIBILITY GROUP B

I am using or have used a mental health service or a member of my family have.

I am or have been a child in care (looked after child) or am a care leaver?

Me or my family have had, or currently have a social worker and are on a Child in Need Plan or on a Child Protection Plan?

My child(ren) get Free School Meals (FMS) or previously have.

My child(ren) has or have an Education, Health and Care Plan (EHCP).

Me or my family receive support from early help or families first plus (my plan, my plan+).

I am temporarily out of work due to COVID-19. Please provide evidence of this.

I have been furloughed due to COVID-19. Please provide a copy your furlough letter with this application.

What is/was your occupation?

#### ELIGIBILITY GROUP C

I receive means tested benefits and am on a low income:

Pension Credit

Employment and Support Allowance

Job Seekers Allowance

Child tax credit

Working tax credit

Income Support

Universal Credit

Housing Benefit

Other

Please provide details below – e.g. low income, applied for UC and awaiting payment



# Section 1 – About me and my family

**Name of applicant**  
*(if you are requesting on behalf of someone else, please put their name)*

**Date of Request**

**My address**

**Locality/District**

**My contact number**

**My email address**

Please provide details of any of your children aged 18-years-old or under, who live with you and are wholly/mainly financially dependent on you. Add more rows if needed

Full name(s)	Date of Birth	Age(s)

# Section 2 – What I need support with

Utilities (Gas/electric/)

White Goods

Food

Supermarket vouchers

Basic Clothing

Essential Household Equipment

Rent/Rent Deposit

Replacement of white goods/appliances that have broken down

Furniture

**This is why I need support:**

**This is how much I need:**





## Section 3 – Payment Details

Cashable payments and vouchers are made to a mobile number so please ensure we have the correct number for you here.

**Mobile number**

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## Section 4 – Professional Support (if applicable)

If you have a professional/social worker working with you/the family, please complete this section.

**Name of professional**

**Role**

**Contact Number**

**Contact email**

**Professional Supporting Statement**

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**Evidence of eligibility seen** *(parents must be able to show you evidence of why they are making this application)*

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Please return this form to [childrensfund@gloucestershire.gov.uk](mailto:childrensfund@gloucestershire.gov.uk) with the subject line stating 'COVID-19 – Fund for Children'



**ADMIN USE ONLY**

Date paperwork received

Application Reference Number: COVID/

Is this family/child/ren a CIC on the vulnerable data set or on the shielded list?

Date of Panel/Decision

Panel Decision

If partial grant given,  
how much

Rational for Decision



Prepared by Gloucestershire County Council  
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