



## 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 return it to you for more information. We will respond to your application within 8 weeks. Please see our guidelines attached.

Please return to: The Charlie Cookson Foundation, PO BOX 211, South Shields, Tyne and Wear NE33 9EQ

### 1 Information relating to the sick child and siblings

Name of child: .....

Date of birth: .....

Address where child resides: .....

Ages of siblings: .....

### 2 Information relating to the Parents

Name of Mother: .....

Full Address: .....

Contact No: .....

Email address: .....

Bank Account Statement Provided: Yes/No

Name of Father: .....

Full Address: .....

Contact No: .....

Email address: .....

Bank Account Statement Provided: Yes/No

If you have a joint bank account please also provide most recent three months statements.

### 3 Give details of any previous application(s) you have made to The Charlie Cookson Foundation

Year	Amount Received	Year	Amount Received
.....	£.....	.....	£.....

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a) Please give information on the sick child and family background including parent's occupations, other children in the family.

Mother Occupation: .....

Age: .....

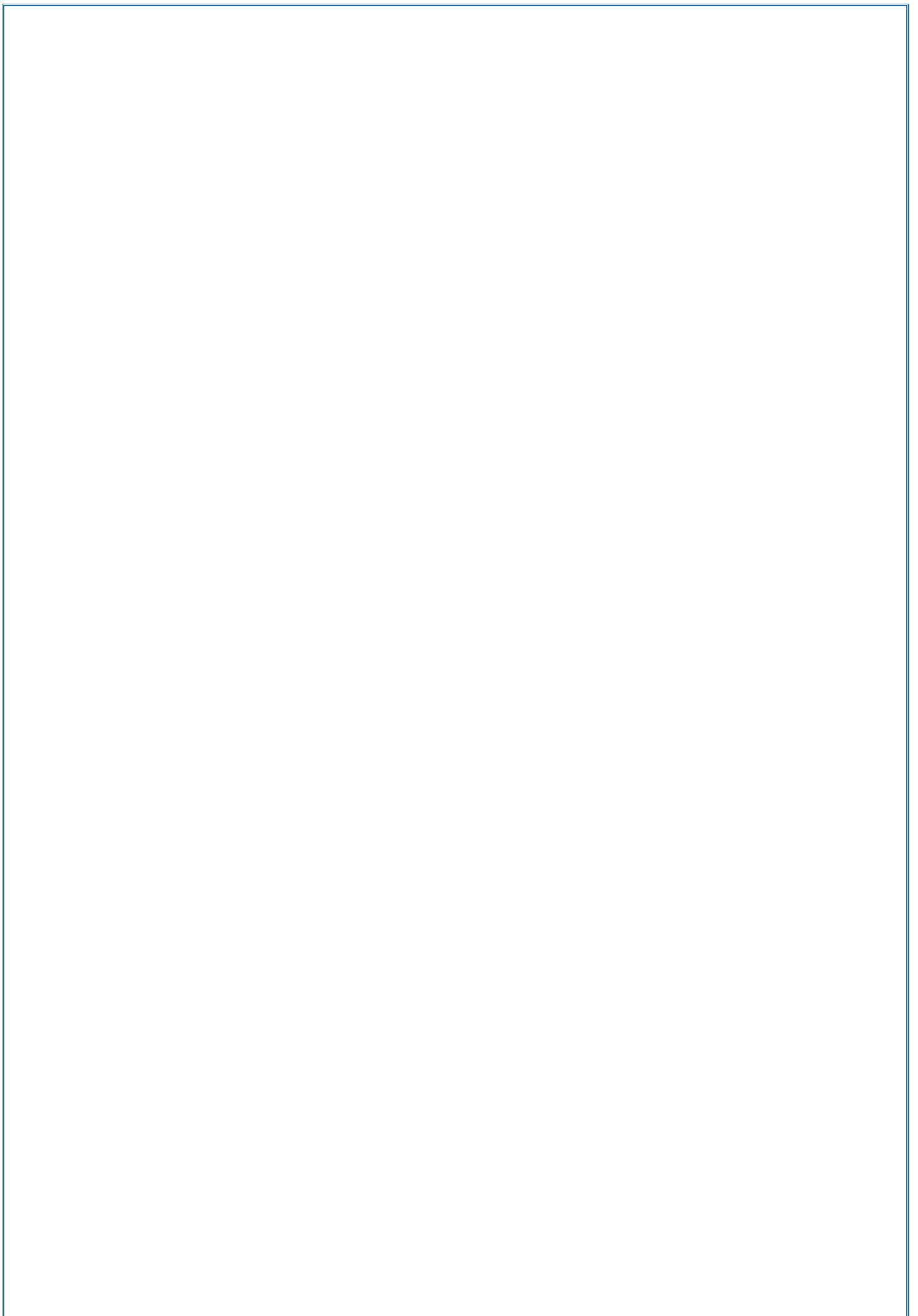
Father Occupation: .....

Age: .....

Please provide us with as much information as you can with regards to the impact looking after your seriously ill child 24/7 has had on your family life. Details of everyday life and the problems you face, for example; please include daily medicine admissions, physio, medical care, medical procedures and also night time routine. Please include any background information as to how your child became ill. (Please continue on additional paper if necessary)

(Please continue on additional paper 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 Cookson Foundation. Please look at the criteria of our funding when completing this section.



**c)** Please also 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 on a separate sheet if necessary:

<b>Income (Monthly)</b>	<b>£</b>	<b>Expenditure (Monthly)</b>	<b>£</b>
Wages or Salary: .....		Mortgage: .....	
Wages or Salary (partner): .....		Mortgage Endowment Policy: .....	
Jobseeker's Allowance: .....		Second Mortgage: .....	
Income Support: .....		Rent: .....	
Pension Credit: .....		Council Tax: .....	
DLA/PIP: .....		Water Rates: .....	
Tax Credit (family/working): .....		Ground Rent/Service Charge: .....	
Retirement or Works Pension:.....		Life Insurance & Pension: .....	
Child Benefit: .....		Gas: .....	
Incapacity Benefit: .....		Electricity: .....	
Maintenance/CSA: .....		Other Fuel .....	
Non-dependent's Contribution: .....		Food: .....	
Foster Parent's Income: .....		TV Rental & Licence: .....	
Rent/Board: .....		Maintenance Payments: .....	
Carers Allowance: .....		Hire Purchase Vehicle: .....	
Child Tax Credit: .....		Travelling Expenses: .....	
Other: .....		School Meals: .....	
<b>Total Income</b> .....		Clothing: .....	
		Phone & Mobile Phone: .....	
<u>Creditor</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>	
1. ....	.....	.....	Prescription/Health Costs: .....
2. ....	.....	.....	Child Minding: .....
3. ....	.....	.....	<b>Total Expenditure:</b> .....
4. ....	.....	.....	<b>Total Income:</b> .....
5. ....	.....	.....	<b>Total Expenditure:</b> .....
			<b>Balance:</b> .....

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The Charlie Cookson 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.

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May we approach you for further information if we require it? Yes No

If your application is successful, would you agree to publicity where pictures of you and your family may be used in future Charlie Cookson Foundation Events/Merchandise/Publications/Media?

Yes No

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

Signature of Mother: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ 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 life expectancy.

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

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

A picture of the seriously ill child

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**How did you find out about the Charlie Cookson 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 whether your child has a life limiting condition.**