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

Please complete Parts 1 to 6

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| **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
2. IF YOU ARE EMPLOYED IN A PARTNER AGENCY / OR WORKING FOR AN LBB SERVICE PLEASE EMAIL 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  |
|  | **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 voucherNB: 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)** |
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| **PART 8: AUTHORISING MANAGER’S DETAILS** |
| Manager’s Name: |  |
| Manager’s Job Title & Team |  |
| Manager’s Email address: |  |
| Manager’sTelephone number: |  |