

Enable

Information for Applicants aged under 18

Enable grants provide support for disabled people who are in financial hardship to obtain specialist equipment that cannot be supplied by the NHS, Education or Social Services. Beneficiaries must live in Merseyside, Cheshire (west of M6), North Wales or North Shropshire. Our grants are discretionary and we are unable to grant every request.

We fund specialist equipment for:	We don't fund:
<ul style="list-style-type: none">• Mobility aids, wheelchairs, buggies, hoists, trikes, etc.• Specialised beds and sleep systems, postural chairs, seating and car seats• Sensory equipment• Communication aids, specialised software, specialist alarms• Medical equipment, support wear	<ul style="list-style-type: none">• Holidays, respite care or childcare• Reimbursements for purchases already made or where a statutory agency has the responsibility to pay for the item needed• Lease or purchase of vehicles for individuals• Toys & computer consoles (Wii, Xbox) PC's laptops or tablets (unless proven to be for sole use of beneficiaries with special or medical needs)

Health Conditions we will consider:

- Life threatening conditions for which curative treatment may be feasible but can fail.
- Conditions where premature death is inevitable.
- Progressive conditions without curative treatment options.
- Irreversible but non-progressive conditions causing severe disability.

If the application is successful, who owns the equipment?

If your application is successful, the beneficiary becomes the owner of the equipment if the cost of the equipment is less than £15,000. Over this amount the Steve Morgan Foundation reserves the right to retain ownership.

You are responsible for the insurance and maintenance of the equipment in line with the manufacturer's recommendations.

Enable

Application for Funding - aged under 18.

Essential Criteria:

- Beneficiary lives in Merseyside, North Wales, Cheshire (west of M6) or North Shropshire.
- Is a UK citizen or has legal right to live in the UK and recourse to public funds.
- The equipment is for the sole use of the beneficiary in their main residence.

Who is this grant for?	
Name:	Date of Birth:
Main address including postcode:	
Names of any siblings and their ages?	

Your contact details
Your name:
Relationship to beneficiary:
Address including postcode:
Contact telephone number(s):
Email address:

Living and care arrangements			
Does the child/young person live at home on a full-time basis?	Yes	No	(please tick)
If no, please give details:			
Is the child subject to a Local Authority care order?	Yes	No	(please tick)
If yes, please give details:			
Name of the main carer:			
Relationship to child/young person:			
Address including postcode if different from beneficiary:			

Medical condition / diagnosis of beneficiary
Please tell us about the medical condition or diagnosis if known:

Equipment
What equipment are you applying for?
How would this equipment help to improve wellbeing or assist with the medical condition of the child / young person?
Have you checked that it is suitable for their needs? Yes No
Have you checked that it will work/fit in your car/home/workplace/school, etc? Yes No
Cost of equipment: £ Please attach a copy of the quotes from two different suppliers.
How much are you able to pay towards the cost? £
Amount requested from the Steve Morgan Foundation £

Education
Name and address of the school /college that the child /young person attends:
If they do not attend school / college / further education, please give the reason why:

Health Professional
To help us process your application quickly we need more information about the medical condition and the equipment.
Please provide a reference, confirming the need for the equipment, on headed notepaper with contact details from your consultant, paediatrician, occupational therapist or physiotherapist, (not your G.P.) or someone suitably qualified.

Financial information			
To help us to quickly process your application we need the following financial information.			
Household income - Benefits			
Do you, your partner or the child/young person receive any of the following benefits?			
Please tick those you receive.			
We do not receive any benefits	<input type="checkbox"/>	Child Tax Credits	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	Employment Support Allowance	<input type="checkbox"/>
Income Based Jobseekers Allowance	<input type="checkbox"/>	Working Tax Credit	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	Incapacity Benefit	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	Mobility Component Higher Rate	<input type="checkbox"/>
Care Component Higher Rate	<input type="checkbox"/>	Mobility Component Lower Rate	<input type="checkbox"/>
Care Component Middle Rate	<input type="checkbox"/>	Personal Independence Payment (PIP)	<input type="checkbox"/>
Care Component Lower Rate	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please send photocopies/scanned or electronic copies of up to date benefit statements to help us process this application quickly. Please do not send original documents.

Financial information continued			
Total household monthly income	£	Total household monthly expenditure	£
Wages/pensions/income (net)		Rent/Mortgage	
Child Benefits		Council Tax	
Total benefits received		Water/Electricity/Gas	
Maintenance Payments		Insurances	
Any other income		Travel/Car expenses (petrol, tax, insurance)	
		Childcare	
		Personal care	
		Household expenses (food, clothing etc.)	
		Telephone, Internet, TV	
		Hire Purchase/Loans	
Total monthly income		Total monthly expenditure	
Total Household Savings		Debts/arrears	

N.B. Total household income will be taken into consideration for all applications.

Accommodation	
Is your family home owned outright <input type="checkbox"/>	on a mortgage <input type="checkbox"/> shared ownership? <input type="checkbox"/>
Is your accommodation rented from a private landlord <input type="checkbox"/>	Housing Association/Council? <input type="checkbox"/>
Is your accommodation permanent <input type="checkbox"/>	or temporary? <input type="checkbox"/>

Conditions of Grant

The equipment requested and supplied must for the sole use of the beneficiary named in this application.

It is your responsibility to ensure that the equipment requested is fit for purpose and suitable.

The Steve Morgan Foundation accepts no liability for the costs or arrangement of: maintenance, care, adaptation, operation or public liability of the equipment once it has been ordered.

Declaration	
By signing this form, I confirm I have read, understood and agree to the terms and condition of the grant as stated above. *Applications made on behalf of another must be signed by an authorised adult.	
Signature:	Date:

Please make sure you have done ALL of the following:

- Checked essential criteria to make sure you are eligible?
- Attached a letter from a health professional?
- Attached copies of benefits statements? Do not include originals.
- Attached two quotes for the equipment from the supplier?

Incomplete forms will be returned and will delay your application.

Please return this form with all the required evidence

By email to: enable@stevemorganfoundation.org.uk

By post to: **Enable, Steve Morgan Foundation, PO Box 3517, Chester, CH1 9ET**

Photographs		
If your application is successful, we may want to take some photographs of the new equipment in use.		
Would you be happy for your case study/images to be used?	Yes	No

Further contact		
If your application is successful, we may like to invite you to events such as children's parties.		
Please confirm that we may email you with such invitations.	Yes	No