

Mali Jenkins Help Fund

application form

Please complete all sections

Office use only
Reference AS07 _____

Section 1

Applicant details

Title Mr Mrs Miss Ms Dr Other _____

Forename _____

Surname _____

Address _____

_____ Postcode _____

Telephone no. _____

Email address _____

Date of birth ____/____/____

Are you a PDS member? Yes No

Do you have Parkinson's? Yes No

If yes, how long have you had Parkinson's? _____ years _____ months

Have you applied for this fund before? Yes date _____ No

If you are not the applicant, but are the main contact for the person with Parkinson's (i.e. acting as an advocate or representative) please state:

Relationship (spouse, professional, offspring) _____

Name _____

Address _____ Postcode _____

Telephone no. _____

Email address _____

What is the best way to contact you?

Telephone

Email

Letter

Section 2

Please tick items for which you are applying for funding

Equipment

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| Riser/recliner chair | <input type="checkbox"/> | Lightwriter | <input type="checkbox"/> |
| Walker/walking frame | <input type="checkbox"/> | Wheelchair powerpack | <input type="checkbox"/> |
| Voice amplifier | <input type="checkbox"/> | Electric scooter | <input type="checkbox"/> |

Other equipment _____

Adaptation to home

- | | | | |
|----------------------------|--------------------------|-----------------------------|--------------------------|
| Bathroom/shower adaptation | <input type="checkbox"/> | Central heating | <input type="checkbox"/> |
| Flooring | <input type="checkbox"/> | Ramps for wheelchair access | <input type="checkbox"/> |
| Hand or grab rails | <input type="checkbox"/> | Emergency repairs | <input type="checkbox"/> |

Other adaptation _____

Respite

From ____ / ____ / ____ To ____ / ____ / ____

Details of respite break to be taken _____

Clothing, bedding, household goods

- | | | | |
|--------------|--------------------------|-----------------------|--------------------------|
| Washer/dryer | <input type="checkbox"/> | Clothing/thermal wear | <input type="checkbox"/> |
| Cooker | <input type="checkbox"/> | Microwave | <input type="checkbox"/> |
| Bedding | <input type="checkbox"/> | Mattress | <input type="checkbox"/> |

Other item _____

Have you enclosed a professional recommendation for your request, i.e. occupational therapist, for home adaptations, wheelchairs? Yes, letter is enclosed No

Do you give us permission to contact them if necessary Yes No

Have you enclosed quotes for the requested item? Yes, quotes are included

Section 3

In the section below, please explain the impact that the item, adaptation or respite break applied for will have on your life. Please attach an extra sheet if necessary.

Cost – what is the total amount you are requesting?

Total cost of item/adaptation/respite break £ _____

Amount requested from the Help Fund _____

If the request is more than the maximum amount the fund covers, how will the difference be met?
e.g. your own contribution, friends/family, grant from another charity.

If application is successful please make the cheque payable to (this will normally be the company):

Section 4

Benefits you receive (please tick)

- | | | | |
|---------------------------|--------------------------|---|--------------------------|
| Disabled Living Allowance | <input type="checkbox"/> | Income-related Employment and Support Allowance | <input type="checkbox"/> |
| Attendance Allowance | <input type="checkbox"/> | Income-based Jobseeker's Allowance | <input type="checkbox"/> |
| Child Tax Credit | <input type="checkbox"/> | Income Support | <input type="checkbox"/> |
| Council Tax Benefit | <input type="checkbox"/> | Pension Credit | <input type="checkbox"/> |
| Housing Benefit | <input type="checkbox"/> | Social Fund | <input type="checkbox"/> |
| | | Working Tax Credit | <input type="checkbox"/> |

Savings and investments

Please give details of any savings or investments. If you are making a contribution from your savings, please indicate the amount remaining. We will not consider grants for applicants with more than £10,000 in individual savings or £15,000 of joint savings for a couple.

Bank account £ _____

Building society £ _____

Other £ _____

Data Protection and Declaration

The Parkinson's Disease Society will keep your personal details on a database.
The information given on this form will not be used for any other purpose.

If you are the applicant and are completing the form yourself, please sign **5A**
If someone else is completing the form on your behalf, **5A** and **5B** must be signed.

5A To the best of my knowledge, the information supplied in this application is correct. I have read, understood and accept the Data Protection statement.

Please print name _____

Signature _____ **Date** _____

5B To the best of my knowledge, the information supplied in this application is correct. I have read, understood and accept the Data Protection statement.

Please print name _____

Signature _____ **Date** _____

Checklist

Have you completed all sections on this form? Yes No

Have you enclosed quotes? Yes No

Have you enclosed a supporting professional's letter? Yes No

If you have any questions regarding this form, please call the Advisory Services team on our confidential Helpline: 0808 800 0303. (Calls are free from UK landlines and most mobile networks). Monday to Friday, 9.30am–9pm; Saturday 9.30am–5.30pm
Textphone: 020 7233 5373 Email: enquiries@parkinsons.org.uk

When you have completed the form, please return it and all supporting documents to:
**Advisory Services Team, Parkinson's Disease Society, 215 Vauxhall Bridge Road,
London SW1V 1EJ**