**DWP Household Support Fund**

Administered by:

**Barnardo’s Eden 0-19 Child and Family Support Service**

**CRITERIA**A resident of Eden, any applicants would:

* Be facing financial hardship.
* Be over 18 (the named recipient, although the benefit should be for a family/child/young person).
* Have limited savings to be able to fall back on.

**AWARD**

The household Support Fund can be used to support vulnerable families for the following purposes:

* **Food**
* **Utility bills**
* **Household essential** **items: -**
* Sanitary products
* Warm clothing
* Blankets
* Clothing
* Boiler service/repairs
* Purchase of white goods (including fridges, freezers, ovens, etc.)
* Other household bills including broadband or phone bills
* Essential transport-related costs such as repairing a car, buying a bicycle or paying for fuel.

 **BARNARDO’S**

Staff from Barnardo’s Eden 0 -19 Child and Family Support Service will contact each applicant to discuss and assess each claim, this will be documented and forwarded to CSM or Team Manager for approval.

Some applications may not be successful.

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| **APPLICANT DETAILS** |
| **Name** |  |
| **Address** (inc Postcode) |  |
| **Telephone Number** |  |
| **Number of people in household**  |  |
| **Number of children in household** (please provide ages) |  |
| Is the Applicant registered with the ‘Barnardo’s Eden 0-19 Child and Family Support Hub (formerly known as Eden Children’s Centres’)? | YES/NO |
| NO | If NO, can we make contact? | Yes/No |
| **PROOF OF IDENTITY**The Applicant is known to me through my work with my organisation | Your Name: Job Title: Organisation: Email: Phone:  |
| **ELIGIBILITY**Enter brief details explaining why the applicant is eligible |
|  |
| **AWARD** |
| For the following expenditure: | Enter details here: |
| I recommend an Award of: | Enter amount here:£ |
| Amount authorised: | £ |
| Authorising Manager:CSM Julie FletcherOr, Team Manager Mags Moorhead |  |
| Date Authorised: |  |
| Date Funding provided: |  |