

# Enable

## Information for Applicants Aged Under 18

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

**In many cases statutory services, including NHS, local Councils and Health Authorities, have an obligation to provide essential equipment for disabled people. The Steve Morgan Foundation will only consider applications where statutory provision has first been explored and exhausted.**

### Health conditions we will consider:

- Life threatening conditions for which curative treatment may be feasible but can fail.
- 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.
- Beneficiary 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:	
The household	
Does anyone else live in the household? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
If yes, please provide details:	

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

Living and care arrangements	
Does the child/young person live at home on a full-time basis? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
If no, please give details:	
Is the child subject to a Local Authority care order? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
If yes, please give details:	
Name of the main carer if different from above:	
Relationship to child/young person:	
Phone number:	E-mail address:
Address including postcode if different from above:	

Application & marketing	
Have you previously applied for Enable funding? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How did you find out about Enable grants?	

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

Health Professional
<b>To help us process your application quickly we need more information about the beneficiary's medical condition and equipment.</b>
Please provide a letter of support, on an official letterhead, from a Consultant, Occupational Therapist, Physiotherapist or someone suitably qualified (not your GP). The letter must include: <ul style="list-style-type: none"> <li>• Confirmation of the beneficiary's diagnosis</li> <li>• Confirmation of the need for the equipment and how it will help/improve the beneficiary's quality of life</li> <li>• Recommendations for specific equipment</li> <li>• Confirmation that the equipment specified is safe and appropriate for the beneficiary's use</li> <li>• Confirmation that the equipment is not available via statutory provision</li> </ul>
<b>Please note that we won't be able to process the application without a medical reference.</b>

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? Please explain why it is essential to their needs. Add a page if necessary.
Have you checked that it is suitable for their needs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you checked that it will work/fit in your car/home/workplace/school, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of equipment: £ <span style="float: right;">Please attach copies of quotes from two different suppliers.</span>
Where else have you applied to for funding for the equipment?
NHS <input type="checkbox"/> Own fundraising <input type="checkbox"/>
Local authority <input type="checkbox"/> Other ..... <input type="checkbox"/>
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:

<b>Accommodation</b>		
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"/>	

<b>Financial information</b>			
To help us to quickly process your application we need the following financial information.			
<b>Household income - Benefits</b>			
<b>Does anybody in your household receive any of the following benefits? (please tick as appropriate)</b>			
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.**

<b>Financial information continued</b>			
Total <b>household</b> monthly income	<b>£</b>	Total <b>household</b> monthly expenditure	<b>£</b>
Wages/pensions/income (net)		Rent/Mortgage	
Child Benefit		Council Tax	
Universal Credit		Water/Electricity/Gas	
Child Tax Credit		Insurances	
Working Tax Credit		Travel/Car expenses (petrol, tax, insurance)	
Disability Living Allowance		Childcare	
Personal Independence Payment		Personal care	
Employment Support Allowance		Household expenses (food, clothing etc.)	
Other Benefits: (Please detail)		Telephone, internet, TV	
		Hire Purchase/loans	
		Any other expenditure:	
Maintenance payments			
Any other income:			
<b>Total household monthly income</b>		<b>Total household monthly expenditure</b>	
Total household savings		Debts/arrears	

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

Data Protection	
<p>The information provided in this grant application will be checked against Steve Morgan Foundation eligibility criteria. We may contact you, a therapist or supplier named by you if we require any clarification. We will not share your personal information with any other organisation, apart from giving details for delivery purposes to suppliers.</p> <p>If your application is successful, copies of supporting information (benefits statements, medical references) will be destroyed after delivery of equipment. Remaining data will be stored for seven years for monitoring purposes. If the application is unsuccessful, only contact details will be kept for reference. For more information please contact <a href="mailto:gusia@stevemorganfoundation.org.uk">gusia@stevemorganfoundation.org.uk</a></p>	
<p>Do you agree with the Steve Morgan Foundation storing and processing your information?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>*Please note, if you don't give us permission to process your data we shall be unable to assess your application.</p>	
<p>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, for example on our website, social media and press?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If your application is successful, we may like to contact you in the future. Please confirm that you give the Steve Morgan Foundation your consent to get in touch:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> (please state) .....</p>	

**Conditions of Grant**

The equipment requested and supplied must be 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	
<p>By signing this form, I confirm that all the information in this application is accurate. I agree for the Steve Morgan Foundation to store and process my data. I have read, understood and agree to the terms and conditions of the grant as stated above. *Applications made on behalf of another must be signed by an authorised adult.</p>	
<p><b>Name:</b></p>	
<p><b>Signature:</b></p>	<p><b>Date:</b></p>

**To avoid delays in processing your application, please make sure that 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 copies of quotes for the equipment from two suppliers.

**Please return this form with all the required evidence**

By email to: [enable@stevemorganfoundation.org.uk](mailto:enable@stevemorganfoundation.org.uk)  
 By post to: **Enable, Steve Morgan Foundation, PO Box 3517, Chester, CH1 9ET**

