

This form is intended to give you an indication of whether or not you will be eligible for a grant.



Application Provisional Financial Eligibility	
Date	Reference
OT Name and Base	
Customer Name	Date of Birth
Telephone Number	
Email Address	
Address	
	Postcode
Partner's Name (if applicable)	
Other Occupants/Dependants	

Do you rent your home? Yes No Do you have an Owners interest in any other? Yes No

If you receive any of the following benefits then you will be eligible for a grant.
You will need to provide proof of the benefit to be able to submit an application for funding.

	You	Your Partner / Husband / Wife
Universal Credit		
Housing Benefit		
Income Support		
Employment Support Allowance - Income Based		
Guaranteed Pension Credit		
Working / Child Tax Credits (Income £15,050 or less)		
Job Seeker's Allowance - Income Based		
<p>If you aren't in receipt of any of the above benefits then we will need to complete a financial assessment to confirm eligibility for a grant. This assessment will take into account all savings and income and will be based on yours and your partner as applicable.</p>		

Please provide any additional information we may need to be aware of

If you have anything you feel you need to discuss, please tick to receive a call back.

Signed _____
If you are completing this form online, please just type your name above.

PLEASE RETURN TO

Millbrook Healthcare, Edgar House, Edgar Estate, Berrow Green Road, Martley, Worcestershire, WR6 6PQ
Or email the completed form to PILScontactus@millbrookhealthcare.co.uk