**Guidance Notes**

1. **General information**

VOCAL (Voice of Carers Across Lothian) Midlothian’s Carer Assistance Fund has been established to support unpaid carers who are experiencing financial difficulty as a result of increased costs directly related to their caring role This additional funding will expand support for adult carers living in Midlothian, including those looking after disabled children and young people.

1. **What can be funded?**

VOCAL is keen to be as responsive as possible when allocating funding and will make every effort to ensure the funds can be used in a way which provides the maximum benefit to the carer and the person(s) they care for. It is anticipated that the average grant award will be in the region of £300, but this can be increased in exceptional circumstances. Grants can be used to support the rising cost of caring, which may include the following:

• Costs of setting up Power of Attorney

• Energy costs associated with having your heating on more frequently

• Costs due to travelling to appointments

• Food costs as a result of the person you care for requiring a special diet

• Sitter service to help you attend important appointments

• Personal hygiene or continence products

• Specialised clothing

• Specialist equipment or white goods which support the caring role

Grants are not limited to the examples provided above, but the funds must support costs that are directly related to the caring role and affected by the rising cost of living.

1. **Who can apply?**

The fund is open to all unpaid carers, including adults and parent carers. VOCAL is keen to support as many carers as possible, but applicants must meet the following eligibility criteria:

* The carer must provide care for someone who lives in Midlothian - a carer is someone who provides unpaid care to a family member, partner, relative or friend who needs help to manage a long-term condition, disability, physical or mental health condition or addiction.
* The carer must be registered with VOCAL Midlothian or be willing to register with VOCAL if they have not already done so.
* The support required should complement, and not replace or duplicate, services which local authorities, the NHS and other agencies already fund or provide.
* The application must be endorsed by someone who has supported the carer and/or the person they care for in a professional capacity e.g., a GP, District Nurse, OT, Social Worker, CPN, Carer Support Practitioner, Teacher, Community Worker.
* There is a financial impact because of caring and the carer or person receiving care is unable to access funds from alternative sources.
* VOCAL will not make more than two CAF awards to the same household within a twelve month period and will not accept different applications from carers sharing the same household. This is most likely to occur in spousal relationships, but not exclusively so, and will be applied to any shared caring role.
* Where more than one carer shares a caring role VOCAL will consider a joint application from the same household and will also consider increasing the maximum award to support a joint application.
* The household in which the person is granting Power of Attorney, must either be in receipt of a means tested welfare benefit, or are **not** eligible for legal aid and unable to support the financial costs of setting-up Power of Attorney themselves.

1. **Priority**

The focus of this fund will primarily be on hardship and improving financial wellbeing, and we will seek to target those carers in the greatest need. By ‘greatest need’ we mean carers at greatest risk of isolation, exclusion or disadvantage, whose caring role and lack of support may impact on their:

* financial wellbeing and ability to afford necessities
* physical, emotional, and mental health and wellbeing

1. **Process for Completing Application Form**

As outlined above, all applications should include the name and contact details of one supporting professional. The supporting professional's role is to confirm the description of the caring role is accurate and that support from the fund would benefit the carer and/or the person receiving care. We also expect supporting professionals to say why they are supporting the application and how their organisation has supported the carer or the person they care for previously. **Applications without a statement from a supporting professional will not be considered.**

Supporting professionals should check the fund criteria to ensure the carer qualifies for the support available, before helping them complete the application form. This will involve checking the carer’s circumstances against the criteria outlined in section C & D above, while also ensuring other or more specific funding streams have been considered or explored in the first instance.

All applications must be signed or agreed by **the carer**. In signing or agreeing to the form the carer is consenting to the sharing of all the information contained in the form with VOCAL’s Funding Panel and Midlothian Health and Social Carer Partnership. In addition, by signing or agreeing to the form the carer is confirming that the information they have provided is accurate and correct and evidence of agreed spend will be provided within three months of the award.

VOCAL Midlothian Funding Panel will meet weekly to consider applications and make final award decisions. The outcome of applications will be communicated to carer and/or their supporting professional within seven days of the funding panel meeting.

1. **Payment of Grants**

Successful applicants will be paid by bank transfer, so carers should ensure they provide the necessary information on the bank mandate at the end of the application form. If payment by bank transfer should cause any issues, then this can be raised with the supporting professional and an alternative payment method can be requested.

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Carer details** | | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Contact Tel. Number** |  | | |
| **Email** |  | | |
| **Address** |  | | |
| **Town/City** |  | **Postcode** |  |
| **Date of Birth** |  |
| **Ethnicity** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cared for person(s) details** | | | | |
| **Relationship(s) to you and their age** |  | | | |
| **Do they live with you?** | **Yes  No** | | | |
| **How many hours of support do you provide per week?** |  | | | |
| **Please tick which best describes their condition** | **Physical disability** |  | **Learning disability** |  |
| **Sensory impairment** |  | **Autism** |  |
| **Mental health condition** |  | **Dementia** |  |
| **Substance misuse** |  | **Long term/terminal condition** |  |
| **Other** |  |  | |

|  |  |
| --- | --- |
| **Information about the person you care for/caring situation/ Finances.** | |
| **Please give a brief outline of your caring circumstances and why you are applying to this fund?**  **Please include information such as your caring role and the impact of caring and the difference a financial award will make.** |  |
| **If you or the person you care for are in receipt of any benefits, state pension or pension credit please tell us. (please list the benefits received)** |  |
| **Do you or the person you care for have more than £5,000 in savings?** |  |

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| **What is the amount you are applying for?** |
|  |
| **Purpose of Award – what will you use the money for?**  For example: support with household costs, travel, energy, white goods, Power of Attorney, personal hygiene products, sitter service etc. |
|  |

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| **Other financial support/awards** |
| **Have you accessed any financial support from any other sources, including other Assistance Funds or Grants and do you have an application pending?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supported by** | | | |
| **Application supported by:** **(Name & Org)** | | | |
| **Practitioner signature** |  | **Date** |  |
| **How long have you been supporting carer and in what capacity?** |  | | |
| **Please provide a supporting statement on behalf of the carer and the support they are applying for:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Carer declaration** | | | |
| **I declare I have made a legitimate application to VOCAL Midlothian Carer Assistance Fund and the details supplied are true and to the best of my knowledge. I agree to use the funds as agreed and will submit receipts/proof of spend.** | | |  |
| **Carer’s signature** |  | **Date** |  |

**Thank you for applying to Midlothian Carer Assistance Fund.**

**If you have any questions, please do not hesitate to contact** **our**

**Carer Support Team on 0808 196 6666 or email** [**midlothian@vocal.org.uk**](mailto:midlothian@vocal.org.uk)

**Bank Mandate Form**

If successful, I would like to receive my award into the following account.

**Bank details:**

|  |  |  |
| --- | --- | --- |
| Account Name: |  | |
| Name of Bank: |  | |
| Account Number: |  | |
| Sort Code: |  | |
|  | |
|  | |

\*I understand that I am providing these details to enable VOCAL to make a Bank Transfer and my details will be used for this purpose only.

**Carer details:**

|  |  |
| --- | --- |
| Carer Name: |  |
|  | |
| Carer Signature: |  |
|  | |
| Date: |  |

**Data Protection:**

VOCAL stores information in accordance with Data Protection Act 2018 and VOCAL’s Privacy and Data Protection Policy (see: <https://www.vocal.org.uk/about/privacy/>).  Please note, bank details will be used to pay Assistance Fund awards by online bank transfer – your bank details will also be stored securely by VOCAL’s finance department.

|  |  |  |  |
| --- | --- | --- | --- |
| **For VOCAL use only:** | | | |
| Payee Name: |  | | |
| Award amount: |  | | |
| Fund: | **Midlothian Carer Assistance Fund** | | |
| Date of request: |  | Date of payment: |  |