

Application for Supporting People Subsidy

The purpose of this form is to provide information to enable the County Council to determine whether you are eligible to have your support charges paid by Supporting People to your landlord or support provider.

The form also allows you to give consent for the exchange of information between your local Housing Benefit Department and the Supporting People Team.

Information from your Housing Benefit Office will help us deal with your claim for assistance with your support costs more quickly, and reduce the risk of you falling behind with your rent because of your Supporting People Claim being delayed. This is because you will automatically be entitled to maximum help with your support costs if you are entitled to Housing Benefit.

The information that you provide us with will be held by Cambridgeshire County Council in line with the terms of the Data Protection Act for the purpose of calculating Supporting People Grant. We will share your details with our partner agencies as required for this purpose only. We will never sell your details to third parties for marketing purposes. If you do not sign this consent it will not affect your Housing Benefit but you will have to provide evidence of Housing Benefit entitlement to the County Council's Supporting People Team in order to have your support charges paid for you.

If you give us consent by signing the reverse of this form, we will only ask your Housing Benefit office for confirmation of:

- whether or not you are entitled to Housing Benefit,
- and
- the date from which Housing Benefit became payable,
- and
- the date on which your entitlement to Housing Benefit ends.

We will not ask the Housing Benefit office for any information about:

- your personal or household circumstances,
- or
- your financial circumstances.

Fairer Charging Assessment

If your claim for Housing Benefit is not successful, or you do not wish to apply for Housing Benefit, you may make an application for a Fairer Charging Assessment. This is another type of financial assistance with the support costs and you may be entitled to full or partial assistance with the payment of these, dependent upon your personal and financial circumstances. Even if you do not qualify for Housing Benefit you may still be eligible for assistance through the Fairer Charging Assessment.

If you wish to make an application for a Fairer Charging Assessment please complete the Fairer Charging Assessment section on reverse of this form.

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Please complete one form per person. Please make sure you complete Section 4.

1. Your name and personal details

Surname _____ Title (eg Mr, Mrs, Miss) _____

Forename(s) _____ Also known as (if applicable) _____

National Insurance No _____ Date of Birth _____

2. The Address for which you are claiming

Address _____

Postcode _____

3. Your supported housing or sheltered housing service

Name of service provider _____

Name of support service _____

Date you will start/expect to start receiving the support service _____

I hereby apply to Cambridgeshire County Council for Supporting People subsidy, to be paid to my support provider in respect of the charges due in relation to the above support service which I have agreed to receive and pay for.

4. Consent to pass information to Cambridgeshire County Council

I am happy for Housing Benefit to share relevant information about me with the Supporting People Team so as to enable my application to be processed. This information must not be used for any other purpose.

Please tick box

5. Application for a Fairer Charging Assessment

I wish to make an application for a Fairer Charging Assessment from Cambridgeshire County Council: **(please ✓ the relevant box below)**.

- if my application for Housing Benefit is unsuccessful
 because I do not wish to apply for Housing Benefit

Please note that the assessment requires you to declare your income, and your savings must be less than £23,250 as at Financial Year 2010/11.

6. Declarations

I declare that, to the best of my knowledge, the information I have given on this form is correct. I understand that, should I be eligible for Supporting People Grant, I must inform the Supporting People Team if I stop receiving this service or if I have a change of financial circumstances.

Signed _____ Date _____

If you are signing on behalf of the applicant, please state your relationship to them _____

Your scheme manager or support worker will be able to help you complete this form and return it to the Supporting People Team **(address below)**.