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**21 Together Financial Hardship Application**

**By completing this form you agree to 21 Together holding your information for the purpose of audit and service review. We may use data in grant applications and charity advertising but this will never identify individuals and your application will be kept confidential. This information will only be used for the purpose of this application and not in any other way.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event / Intervention Applied for:** | | |  | |
| **Date of Event / intervention:** | | |  | |
| **Total Cost of Event / Intervention:** | | |  | |
| **Name:** |  | | **Address:** |  |
| **Email:** |  | | **Phone:** |  |
| **If the person attending the event is different to the above please complete below:** | | | | |
| **Name:** |  | | **Date of birth:** |  |
| **Please indicate which categories the person attending falls into :** | | | | |
| **Parent / Carer**  **Person with Down’s syndrome**  **Other – Please specify** | | | **Age group:**  **0-5**  **6-11**  **12-18**  **18+** | |
| **Please Indicate which Criteria you are applying under: for details see policy** | | | | |
| 1. **Low Income** | | | 1. **Life Event** | |
| **Please give a brief description of life event or detail which means tested benefits you receive.** | | | | |
| **Date of Application.** | | |  | |
| **FOR OFFICE USE ONLY** | | | | |
| **Any documents or proof requested? Please specify.** | |  | | |
| **Date of application review** | |  | | |
| **Application approved or declined** | |  | | |
| **If ongoing intervention, date for review.** | |  | | |
| **Signed by representative of 21 Together** | |  | | |