



APPLICATION FOR IA WELFARE GRANT

The ileostomy & internal pouch
Support Group

Registered Charity

Surname: _____ (Mr/Mrs/Miss/Ms) First Names: _____

Address: _____ Phone No. _____

Age: _____

Occupation: _____ Dependants: _____
(if married or with a partner, please give spouse/partner's occupation also) (names and ages)

IA member organisation to which you belong:

You must be a member of IA to claim

Do you have an Ileostomy or an Internal Pouch?.....

Date (approx) of joining IA

Date(s) of your stoma/pouch surgery.....

PLEASE STATE IN THIS SECTION THE AMOUNT OF THE GRANT YOU ARE APPLYING FOR AND THE PURPOSE OF THE GRANT

AMOUNT : £

PURPOSE :

Please give full reasons as to why you feel we should make this grant to you.

If insufficient space, please use reverse of this form

Have you requested Citizens Advice Bureau to carry out a benefits check? YES / NO

Are you seeking welfare funding from any other grant making body? YES / NO

If YES, please give details.

We will be sharing this information with other grant making organisations.
All information given is treated confidentially; however it is usually necessary to contact the secretary of your member organisation for confirmation of membership and any other relevant details.

Signed _____ Dated _____

www.iasupport.org

IA National Office ■ Peveirill House ■ 1-5 Mill Road ■ Ballyclare ■ Co Antrim ■ BT39 9DR
 Freephone: 0800 0184 724 ■ Fax: 028 9332 4606 ■ Email: info@iasupport.org

President: Professor Neil Mortensen MBChB MD MA FRCS Eng FRCS Glas

IN THIS SECTION, PLEASE GIVE FULL DETAILS OF YOUR INCOME AND EXPENDITURE:

Show details as either weekly or monthly, as appropriate. **If you are living with a partner the income and expenditure details to be shown are for the household, that is of both yours and your partner's.**

INCOME:	weekly	monthly	EXPENDITURE:	weekly	monthly
Wage/salary (including partner if applicable)			Mortgage or rent (please state which)		
State Retirement Pension			Electricity		
Private Pension			Gas		
State Benefits : (list in sections below)			Water		
Income Support			Insurance		
Incapacity Benefit *			Council Tax		
Disability Living Allowance (Care component) *			Telephone (including mobile)		
Disability Living Allowance (Mobility component) *			Vehicle expenses (including tax/insurance/fuel, etc)		
Attendance Allowance			Loan repayments (please detail purpose, etc.)		
Child Benefit			Club books (please detail)		
Rent rebate			Housekeeping		
			TV Licence/Sky/Cable etc		
Any other income (please detail)			Any other expenses (please detail)		
TOTAL:	£		TOTAL:	£	

* For Disability Living Allowance or Incapacity Benefit, please give reason(s) for payment in the box below (and for DLA the rate at which payment is being made):

Amount of any savings £.....Value of any property (i.e. house etc) £.....