** **

**COVID-19 CARERS EMERGENCY FUND APPLICATION**

**GUIDANCE**

The Covid-19 Carers Emergency Fund is available to benefit Carers and the people they care for living within Shetland.

We understand that Carers, the people they care for and their families may face unexpected difficulties due to their circumstances changing due to Covid-19 lockdown. We are therefore offering a range of small grants of up to £50 to provide emergency financial support to families to minimise the additional financial burden on carers. **This fund will remain open from 7th May until funds are used.**

**Eligibility Criteria**

* Applicants must be Carers, Young Adult Carers or Young Carers. A Carer is defined as someone who provides unpaid support to a family member or friend who could not manage without this help due to a long-term illness, disability, mental health or substance misuse problem.
* The Carer must live Shetland.
* Parent/guardian must sign applications for Young Carers under 16.

***If you are not known to our service, we will require the name of someone who can confirm you are a Carer***

**What Can be Funded?**

1. *Grants for Household Food*

**Up to £50** can be made available to help purchase household food. This will be given out by way of voucher either for supermarket or a local shop. This excludes alcohol, tobacco or scratch cards.

1. *Grants for Utility bills*

**Up to £50** can be made available to help with utility bills. Please provide details of how this is currently paid so that we can make suitable arrangements.

1. *Grants for Entertainment / Leisure*

It is important for your own health and wellbeing that you continue to have time out from your caring role for. We understand that during these times Carers cannot access a traditional type of break and we can provide a small grant of **up to £40** to pay for something that will help you have a break, for example; -

Audiobook subscription

Magazine subscription

Arts and crafts materials

Online fitness membership

**How to Apply**

Complete the attached application form and email to: carers@shetland.org. If you have any problems, please call 01595 743980. Please tick the type of grant you are applying for bearing in mind that you **ARE** allowed to apply for more than one category at a time. You can also re-apply for Grants in sections 1 and 2 again if needed.

**What happens next?**

* Once you submit your application it will be considered by a panel and you will receive a response within 7 days.
* If successful, we will issue a cheque within the 7 days.
* ***You must provide us with receipts for your purchase/retain your receipt for auditing purposes.***
* ***We will ask you to complete an evaluation.***

This form should be completed by a Carer or any person supporting the Carer.

**1. Information about you, the Carer**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone No** |  |
| **Email address** |  |
| **Date of Birth & Age** |  |
| **Are you registered with VAS Carers Support Service?** |  |
| **If no, please provide contact details for someone who can confirm your caring role** |  |

**2. Information about the caring situation**

|  |  |
| --- | --- |
| **What is your relationship to the person you care for** |  |
| **What health issues does the cared for person have?** |
|  |
| **How long have you cared for the person?** |  |
| **What age is the person you care for?** |  |
| **Do you live with the person you care for?** |  |
| **Please tell us how has your caring role changed since covid-19 lockdown and the challenges you are facing right now** |
|  |

**3. Grant.** You **ARE** allowed to apply for more than one category at a time. You can also re-apply for Grants in sections 1 and 2 again if needed.

|  |
| --- |
| **Which type of grant would you like to apply for and please state the amount**  |
| 1. **Household Bills**
 | **YES / NO** | **£** (max £50) |
| 1. **Utility**
 | **YES / NO** | **£** (max £50) |
| 1. **Leisure / Entertainment**
 | **YES / NO** | **£** (max £40) |
| **Please detail what would you spend your grant(s) on and how this will help you and/or the person you care for** |
| 1. **Purpose:**
2. **How will help :**
 |
| 1. **Purpose:**
2. **How will help :**
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| 1. **Purpose:**
2. **How will help :**
 |

**4. How Are You Doing?**

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| **Please tell us about the support you currently have around you** |
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| **Do you need help with anything else which would help your caring situation? If yes, please describe what would help.** |
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| **If you have not already been contacted by us during Covid 19 outbreak, would you like to be contacted?** |  |

|  |  |
| --- | --- |
| **Your signature (this can be electronic)** |  |
| **Date** |  |

**Please email your completed form to:*****carers@shetland.org***

***or post to Voluntary Action Shetland Carers Support, Market House,***

***14 Market Street, Lerwick, Shetland, ZE1 0JP (please note that postal applications may take longer to process).***