

Worcester City Council Discretionary Welfare Assistance Scheme Application for Essential Items

****NB: This form should only be used to apply for an
Essential Items award under the Crisis Support or
Re-settlement element of the scheme ****

**All applications for food vouchers, energy vouchers or Re-settlement
white goods should be made online at**

<https://selfserve.worcester.gov.uk/dwaswcc/login.jsp>

Applications to this scheme can only be made by a referring agency.

No direct applications from customers will be accepted.

Declarations

- I acknowledge that Worcester City Council will process and store my information in accordance with Data Protection Law. For more information, please see our [privacy notices](#) on our website.
- I declare that I have verified the applicant meets the scheme criteria and can provide the information required to proceed.
- The applicant declares that the information they will provide in their application for Essential Items will be accurate and complete. The applicant understands that if they provide inaccurate information or obtain goods through deception, their application will be cancelled and Worcester City Council may take action to recover goods or costs.
- I confirm that the applicant understands that their application for white goods will be sent to Worcester Municipal Charities for processing and approval.
- I confirm that the applicant consents to the Charity holding and using the information I have provided on this form, (including any "Special Category Data"), in accordance with the Data Protection Policy on the Charity's [website](#)
- I confirm that the applicant consents to the Council or Charity making enquiries about this application with any statutory and/or voluntary agencies concerned, sharing the information with them and corresponding about the matter.
- I confirm that the applicant understands that their need for Essential Items may be met by the provision of second hand goods and that their name and contact details may be passed to the Charity Shop Gift Card, Roundabout or other supplier for the purposes of making an award and issuing a voucher or goods.
- I confirm that the applicant consents to the above organisations holding and using the information I have provided on this form, (including any "Special Category Data"), in accordance with the Data Protection Policy on their websites.

Applicant Details

Forename and surname:

Date of Birth:

Contact Number:

Email Address:

NI number:

Are there any other persons aged 16 years or above residing at the property?

Yes No

If yes, please provide names and NI numbers for all persons aged 16 years or above residing at the property:

Referrer Details:

Agency:

Referrer's Name:

Referrer's Contact Number:

Referrer's email address:

Date of Application:

Applicant Address:

Is the applicant's *current* address in Worcester City?

Yes No

Has the applicant lived at this address for the last 6 months?

Yes No

If no to either of the above, please provide addresses for the last 6 months:

Is the delivery address the same as the applicant address?

Yes No

If no, please provide the delivery address:

Tenure:

- | | |
|--|--|
| <input type="checkbox"/> Owner Occupier | <input type="checkbox"/> Private Tenant |
| <input type="checkbox"/> Social Tenant | <input type="checkbox"/> Sharing or Lodging |
| <input type="checkbox"/> Supported Accommodation | <input type="checkbox"/> Temporary Accommodation |
| <input type="checkbox"/> Leaving institution | <input type="checkbox"/> Leaving care |
| <input type="checkbox"/> Rough Sleeping | <input type="checkbox"/> Other (please state) |

Household Type

Single Couple Family

Which one of the following income related benefits is the applicant in receipt of?

- | | |
|--|---|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Income Based Job Seekers Allowance |
| <input type="checkbox"/> Income related Employment & Support Allowance (ESA) | <input type="checkbox"/> Guaranteed Pension Credit |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> None of the above – make discretionary application |

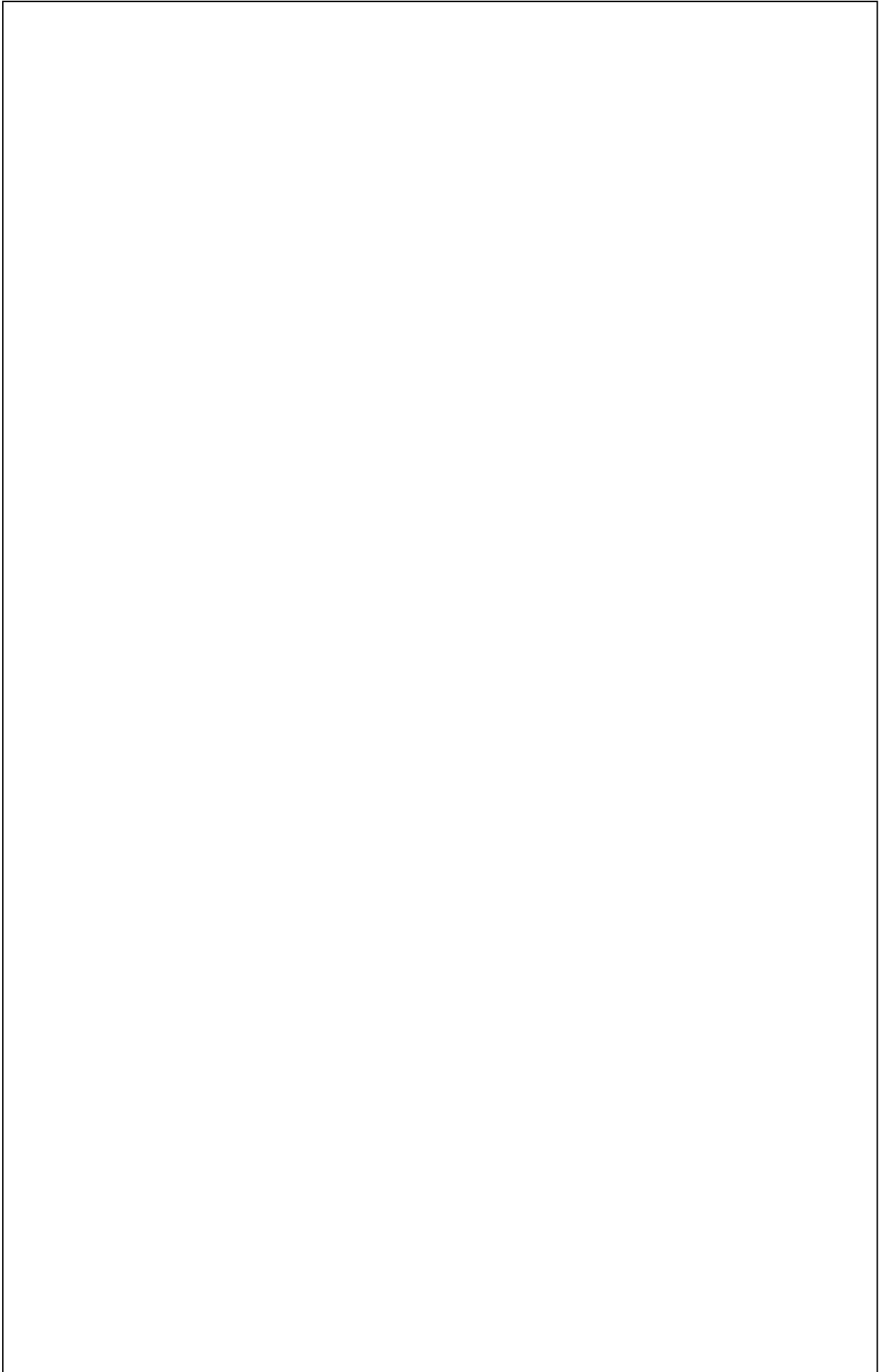
Please indicate all of the following that are applicable to the household of the applicant

- Dependent child or children under the age of 16
 - A pregnant woman
 - A person with a disability or chronic illness
 - A person who is receiving support from secondary mental health services
 - Homeless households
 - A person with a disability or chronic illness
 - Applicant considered to be vulnerable due to having suffered violence or domestic abuse
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Application Details

Please provide a written statement which explains what essential item(s) the applicant is in need of and the estimated cost of providing the item(s). **Please be specific about the item(s) needed. E.g. size, age, type, number needed etc.**

- Please include the reasons for the applicant's need – i.e. why they are experiencing exceptional financial hardship / what crisis or unplanned circumstance has occurred to cause the need etc.
- Please also detail what other sources of assistance have been explored (e.g. family/friends, Budgeting Loan, Facebook Marketplace, other eligible scheme etc.) and why the need cannot be met in any other way.
- All applications will be considered on their own merits, and the nature of the household's individual circumstances, the impact of refusal on their well-being and the availability of other sources of assistance will be taken into account.
- Any decision on discretionary applications is final and a refusal cannot be appealed.



Worcester City Council DWAS & Essential Items Fund Details of Applicant Household.

Monthly Income & Expenditure. Please enter amounts: multiply weekly figures by 52 and divide by 12.

Date			
Applicant Name			DOB
Address			
Support Worker Name			
Support Worker Agency			

Declaration Read by Support Worker please tick	Yes	No	Date
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***Declaration** - I confirm that the Applicant agrees that all the information provided is correct, to a): hold and use the information I have provided on this form, (including any "special Category Data"), as explained in the Data Protection /GDPR Privacy Policy on the Councils website below b): make enquires about this application with any statutory and /or voluntary agencies concerned, sharing the information with them and corresponding about the matter. This includes the Applicant's consent to the Council asking a Support Agency to contact the Applicant and/or Support Worker to discuss the form and make enquires on behalf of the Council. <https://www.worcester.gov.uk/notices/privacy-policy>

Monthly Income			Monthly Expenditure		
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Total earned wages of applicant /partner/family	Per month	£	Total Rent	Per month	£
Universal Credit excluding housing costs	Per month	£	Mortgage	Per month	£
Housing UC Element /Housing Benefit	Per month	£	Council Tax due	Per month	£
Job Seekers Allowance	Per month	£	Water rates	Per month	£
Tax Credits Child/ Working/Families /Other	Per month	£	Gas	Per month	£
ESA Employment Support Allowance	Per month	£	Electric	Per month	£
DLA/PIP Mobility	Per month	£	TV Licence	Per month	£
Attendance Allowance	Per month	£	Sky /Netflix	Per month	£
State Retired Pension	Per month	£	Food Shop	Per month	£
Pension Credit	Per month	£	Takeaways	Per month	£
Pension Occupat./Private	Per month	£	Baby /Nappies /Milk	Per month	£
Maintenance	Per month	£	Care Costs	Per month	£
*Savings	Per month	£	Travel Cost	Per month	£
Other	Per month	£	Car	Per month	£

Children – enter child benefit per month per child				Insurance	Per month	£
	Name	Age	Amount per month	Catalogues/HP	Per month	£
1			£ p/m	Clubs/Sports	Per month	£
2			£ p/m	Other	Per month	£
3			£ p/m	Current Loans /Borrowings /Debts		
4			£ p/m	1	Per month	£
5			£ p/m	2	Per month	£
6			£ p/m	3	Per month	£
7			£ p/m	4	Per month	£
a) Total Child Benefit			£ p/m	5	Per month	£
b) Total Income per month			£	6	Per month	£
c) Total Income per month a+b = total			£	d) Total Expenditure per month		
e) Total Under (+) or Over (-) Spend per month = c) – d)						£

***Savings:** Details of any savings of the applicant

Does the Applicant Own his/her own home or other property? Please tick	Yes	No
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Other Adults Living in the Applicant's Home. Show total income and contributions below if not included above.

	Name	Total Income per month	Total Contributions per month	Details of Any Savings
1				
2				

**Please email all completed forms to housing@worchester.gov.uk,
including the applicant's name in the email Subject**

**A decision will be made within 10 working days of receipt of all
required information**