

# Emergency Assistance Grant

## COVID-19 Children's Fund & Emergency Assistance Fund

**COVID-19 Children's Fund & Emergency Assistance Fund for Food and Essential Supplies** is to support vulnerable children, young people, working age adults, older people and their families.

### Eligibility

To access support from this fund you must meet the criteria in Group A and one or more of the criteria in Group B.

To assess your form quickly so you are able to get the support you need please show your eligibility to a professional you are working with or send a photograph of it with this application to the email below.

If you are unclear of what to send to us, submit the form and a member of staff will contact you. Please be aware this may delay the timescale for receiving support.

#### ELIGIBILITY GROUP A

I am a resident in Gloucestershire.

I am aged 16 years or older.

#### ELIGIBILITY GROUP B

I am using or have used a mental health service or a member of my family have.

What is/was your occupation?

I am or have been a child in care (looked after child) or am a care leaver?

I am pregnant

I have a social worker

I have a child with a disability

Me or my family have had, or currently have a social worker and are on a Child in Need Plan or on a Child Protection Plan?

I have a child needing a specialist diet

My child(ren) get Free School Meals (FMS) or previously have.

I have No Resource to Public Funds

My child(ren) has or have an Education, Health and Care Plan (EHCP).

I am struggling to afford Food and Essential items due to COVID-19

Me or my family receive support from early help or families first plus (my plan, my plan+).

I have a disability

I am temporarily out of work due to COVID-19. *Please provide evidence of this.*

I am a carer  
- tell us who for

I have been furloughed due to COVID-19. *Please provide a copy your furlough letter with this application.*

PTO



## ELIGIBILITY GROUP C

I receive means tested benefits and am on a low income:

Pension Credit

Employment and Support Allowance

Job Seekers Allowance

Child tax credit

Working tax credit

Income Support

Universal Credit

Housing Benefit

Other - please provide details below – e.g. low income, applied for UC and awaiting payment

## Section 1 – About me/about me and my family

### Name of applicant

*(if you are requesting on behalf of someone else, please put their name)*

### Date of request

### Date of birth

### My address

### Locality/ District

### My contact number

### My email address

Please provide details below of anyone who lives with you in your household

### Full name(s)

### Date of Birth

### Age(s)

## Section 2 – What I need support with

Utilities (Gas/electric/)

Help with affordable childcare for keyworkers

Food

Supermarket vouchers

Basic Clothing

Essential Household Equipment

Rent/Rent Deposit

Replacement of white goods/appliances that have broken down

**Please tell us here what you need and why COVID-19 has created this need:**

**This is how much I need:**

**Have you looked for help and support from anywhere else first?**



**ADMIN USE ONLY**

Date paperwork received

Application Reference Number: COVID/

Is this family/child/ren a CIC on the vulnerable data set or on the shielded list?

Date of Panel/Decision

Panel Decision

If partial grant given,  
how much

Rational for Decision



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