

Transport Grant Application



Ecas, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY

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Applicants are warned not to make any commitment, financial or otherwise, prior to hearing the outcome of their application. Regrettably, Ecas does not have the resources to approve all the applications received, or to wholly fund many applications.

Personal Details

Forename

Surname

Title *Mr/Mrs/Miss/Ms *delete as appropriate

Address
(including
post code)

Daytime Tel. No. (including code)

PLEASE GIVE THE FOLLOWING INFORMATION

Delete as appropriate*

Do you receive the following?

Disability Living Allowance or PIP (Mobility) Yes*/No* If yes at Higher*/Lower* rate?

Housing Benefit or Income Support or Pension Credit? See top of page 2

Do you have a taxi card Yes*/No* If not, please explain why in the box below.

Are you registered with HcL (Handicabs)? Yes*/No* If not, please explain why in the box below.

Do you have a car or power chair provided through the motability scheme? Yes*/No* If yes please explain in the box below why you require support with transport costs

If you receive Income Support (IS), Housing Benefit (HB) or Pension Credit (PC) then you do not need to complete this page. Instead attach a copy of your most recent IS, HB or PC award letter.

Income Please give all amounts in **weekly figures** – only complete if you do not receive IS, HB or PC

	Applicant		Other Household Members	
	£	P	£	P
Earnings				
* Attendance Allowance or "Disability Living Allowance (Please delete)				
Industrial Injuries Disablement Benefit				
Disabled Person's Tax Credit				
Severe Disablement Allowance				
Incapacity Benefit				
Council Tax Benefit				
Housing Benefit				
Jobseekers Allowance				
Working Tax Credit/Child Tax Credit				
Widowed Mothers Allowance				
Pension (Retirement, Widows or Occupational)				
Child Benefit				
Guardian's Allowance				
Child Support Maintenance				
Other				
Total				

Expenditure Please give all amounts in **weekly figures** – only complete if you do not receive IS, HB or PC (see above)

	Applicant		Other Household Members	
	£	P	£	P
Mortgage/Rent				
Council Tax				
Gas & Electricity				
Telephone				
Food/Household				
Insurance				
Hire Purchase				
Rental (tv, video, etc)				
Bank Loan				
Budgeting Loan / Crisis Loan				
Travelling Costs (Give details)				
Cable/Satellite television				
Internet Connection Costs				
Child Maintenance				
Pension(s)				
Other (Please give details below)				
Total				

Please provide details in the box below of any circumstances that you feel the committee should be aware of when considering this application.

Client Data Protection Notice

Ecاس will use the information that you supply on this form, including information about your health and finances, to assess your eligibility for our services and to administer our client records. By signing and returning this form, you consent to Ecاس processing your data for those purposes.

We may also use your information for purposes of sending you details of our services, newsletters, press releases and items of interest that we feel may be of specific interest to you. Please tell us whether or not you wish to receive such information from us by ticking ONE of the boxes below:

I wish to receive such information

I do not wish to receive such information

You can change your preference at any time by simply writing to or e-mailing us with your details. You can view our full Privacy Notice on our website or contact us for a copy.

Statement by client:

I confirm that the details given in this form are correct and that I am aware that a grant is not guaranteed. If a grant is awarded the funds will be held by Ecاس and I will arrange grant funded transport through the Ecاس office. Ecاس will monitor expenditure and may withhold provision of transport where expenditure is taking place too fast. If I am awarded a grant it will be a contribution towards my transport costs and not the full costs.

Applicant's signature

Date