

# **Grant Application Guidance Notes**

The Grants Committee accepts applications for financial help from physically disabled people resident in Edinburgh and the Lothians.

When applying for funding towards the cost of specialised equipment we would ask that the applicant has been assessed using the equipment prior to the application being submitted.

WE DO NOT GIVE GRANTS FOR THE PURCHASE OF POWERCHAIRS OR SCOOTERS.

GRANTS TO PAY ROUTINE BILLS OR DEBTS WILL NOT BE CONSIDERED

Subject to exclusions, grants can be for anything not covered by statutory sources.

Applicants requesting computer equipment may be subject to an assessment by Ecas.

Wherever possible Ecas purchases goods and holidays direct from the supplier. Full details should be stated on the application form. Funding will not be given for small pieces of domestic equipment.

## RETROSPECTIVE PAYMENTS WILL NOT BE MADE

#### HOLIDAY APPLICATIONS

Applicants are warned not to make any commitment, financial or otherwise, prior to hearing the outcome of their application.

Please allow 8 weeks in advance of departure date when submitting an application form. Late applications may not be considered. Holidays may not be funded in full. Ecas strongly recommends you insure your holiday

# RETROSPECTIVE PAYMENTS WILL NOT BE MADE

#### Medical Criteria

Ecas follows the EHRC guideline that: "You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection."

However, please remember that Ecas only provides support to people who have a physical disability. We regret that the following conditions do not meet the criteria for the Ecas Grants scheme:

Arthritis, back pain, cardio-respiratory conditions, obesity, psychiatric disorders, learning difficulties, behavioural disorders, developmental delay, Down's syndrome, autism, visual or hearing impairment, cancer, diabetes, HIV and epilepsy.

## Further information overleaf

Additional information is available by contacting Ecas:

| Tel:     | 0131 475 2344/07500 221618 |
|----------|----------------------------|
| Email:   | <u>hello@ecas.scot</u>     |
| Website: | <u>www.ecas.scot</u>       |

# **Ecas Grant Fund**

Who can apply? We accept applications from physically disabled people resident in Edinburgh and the Lothians.

How can I apply? You can download an application form from our Website www.ecas.scot, phone 0131 475 2344/07500 221618 or email hello@ecas.scot

What will funding be considered towards? Applications should be for something that will enhance the applicant's life. Past grants have been for: washing machines, fridgefreezers, cookers, lap-top, furniture, car adaptations, sheds, iPads, holidays, carpets. Funding will not be given for small pieces of domestic equipment. Grants cannot be made retrospectively. Grants to pay bills or debts will not be considered. Any application for funds for maintenance or repair for battery packs, power-chairs or scooters must be accompanied by evidence of third party insurance. Grants for power-packs retrofitted to manual wheelchairs considered only if sponsored by an Occupational Therapist. See Appendix 1 (last page). Subject to exclusions, grants can be for anything not covered by statutory sources.

How much can I apply for and how often? Standard grants of up to £750 for grants are considered; successful applicants must leave a gap of at least 2 years before reapplying. Mid level grants of up to £1000 are considered; successful applicants must leave a gap of at least 3 years before reapplying. Higher grants up to £1500 are considered; successful applicants must leave a gap of at least 4 years before reapplying. Grants above £1,500 will be considered on an exceptional basis.

Can applications be simplified? Some sections can be omitted by people in receipt of certain benefits, provided they enclose a copy of their award letter. If in doubt contact the Ecas office.

How long does an application take? Whenever possible decisions will be given within 8 weeks of receiving all the paperwork. If your form is incomplete or lacks enclosures we will need to resolve the issues and this may take some time but we regret that we cannot process any grant application until all relevant information is received.

Who can sponsor the application? Applications that require a sponsor may be sponsored by social workers, health visitors, district nurses, support workers, occupational therapists, physiotherapists or family doctors. If in doubt please call the Ecas office to check. Applications for power-packs must be sponsored by an occupational therapist. See Appendix 1 (last page).

For a full list of frequently asked questions visit www.ecas.scot or call the office and a copy can be posted out to you.

#### **Other Ecas Services**

Range of Activities delivered in person and via Zoom – Seated Yoga, Computing, Reading and Creative Writing, Art, Craft, Music and Seated Tai Chi. Activities are led by skilled group leaders and tailored specifically for physically disabled adults living in Edinburgh and the Lothians. Free trial and only £1.15 per hour. Transport grants available. Befriending Service offers friendship for socially isolated physically adults, matching people based on interests and personality. We accept volunteers from all walks of life.

For information on any Ecas activity or an application form visit: <u>www.ecas.scot</u> or email <u>hello@ecas.scot</u> or call 0131 475 2344/ 07500 221 618

# **Grant Application**

Case



Ecas, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY TEL: 013 4715 2344/07500 221618 WEBSITE: www.ecas.scot EMAIL: hello@ecas.scot

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 (Compulsory)

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

| Forename                         |   | Surname                 |                              |
|----------------------------------|---|-------------------------|------------------------------|
| Date of birth*                   |   |                         |                              |
| *(We need your date              | e of birth in case we need to con                                     | ntact your doctor in re | elation to your application) |
| Address<br>(including post code) |   |                         |                              |
| Telephone<br>Number              |   |                         |                              |
| Amount requested fr              | rom Ecas<br>£   | Total Cost              | £                            |
| -                                | used for the following – give as r<br>quote or a printout showing det |                         | le                           |

#### HOLIDAY APPLICATIONS – PLEASE GIVE THE FOLLOWING INFORMATION

| Date of departure   |  |
|---------------------|--|
| Holiday Destination |  |

## Income – IF you receive Income Support (IS), Pension Credit (PC) or Housing Benefit (HB) do not complete this page – instead send a copy of your most recent award letter

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

|  | Applicant |   | Other House<br>Members | hold |
|--|-----------|---|------------------------|------|
| Please give amounts in weekly figures                | £         | Р | £                      | Р    |
| Earnings   |           |   |                        |      |
| Attendance Allowance, DLA or PIP                     |           |   |                        |      |
| Incapacity Benefit                                   |           |   |                        |      |
| Council Tax Benefit                                  |           |   |                        |      |
| Housing Benefit                                      |           |   |                        |      |
| Jobseekers Allowance or Employment Support Allowance |           |   |                        |      |
| Working Tax Credit                                   |           |   |                        |      |
| Pension (retirement, Widows or Occupational)         |           |   |                        |      |
| Child Benefit  |           |   |                        |      |
| Guardian's Allowance                                 |           |   |                        |      |
| Child Support Maintenance                            |           |   |                        |      |
| Investment income                                    |           |   |                        |      |
| Other – please specify                               |           |   |                        |      |
| Total  |           |   |                        |      |

## Expenditure Please give all amounts in weekly figures -

## only complete if you do not receive IS, PC or HB (see above)

|                                     | Applicant |   | Other Household |   |
|-------------------------------------|-----------|---|-----------------|---|
|                                     | Applicant |   | Members         |   |
|                                     | £         | Р | £               | Р |
| Mortgage/rent                       |           |   |                 |   |
| Council Tax                         |           |   |                 |   |
| Gas & Electricity                   |           |   |                 |   |
| Telephone                           |           |   |                 |   |
| Food/Household                      |           |   |                 |   |
| Insurance                           |           |   |                 |   |
| Hire Purchase                       |           |   |                 |   |
| Rental (tv, video, etc)             |           |   |                 |   |
| Loans                               |           |   |                 |   |
| Travelling Costs (Give details)     |           |   |                 |   |
| Cable/Satellite/Internet/Television |           |   |                 |   |
| Child Maintenance                   |           |   |                 |   |
| Pension(s)                          |           |   |                 |   |
| Other (Please give details below)   |           |   |                 |   |
| Total                               |           |   |                 |   |

Ecas Ltd: a company limited by guarantee in Scotland No. 102790. Registered Charity Number: SCO14929 Registered office: Ecas, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY Tel: 0131 475 2344. Website: www.ecas.scot

## Details of impairment (Compulsory)

Please explain the applicant's impairment, the effect on the applicant and thus how they meet the medical criteria of Ecas as explained in the accompanying guidance notes.

#### Medical certificate:

This does not need to be completed if the applicant encloses a copy of their most recent DLA (Higher Rate) award letter. For ALL other applications including those awarded PIP (Enhanced Rate), this section must be completed by a GP or hospital doctor.

Please give details of the effects of the applicant's main disabling condition including duration and severity, plus any other factors relevant to this application. We regret that the following conditions do not meet the criteria for the Ecas Grants scheme: Arthritis, back pain, cardio-respiratory conditions, obesity, psychiatric disorders, learning difficulties, behavioural disorders, developmental delay, Down's syndrome, autism, visual or hearing impairment, cancer, diabetes, HIV and epilepsy. Please see the guidance notes on the front of the application for more information.

| Doctor's full name | Doctor's official stamp |
|--------------------|-------------------------|
| (please print)     |                         |
| Doctor's signature |                         |
| Date               |                         |

Notes to applicants

- Please allow up to 8 weeks for administration of a grant application
- Ecas will normally purchase the item direct from the supplier. Ecas will not give funds directly to the applicant.
- If Ecas is only partly funding an item Ecas will not release the funds until the rest of the money has been raised.

Sponsor's report - Not required if the applicant encloses an award letter for PC/IS/HB AND for DLA (Mobility at HIGHER rate). In all other cases including those awarded PIP (Enhanced Rate), this section is to be completed by the qualified professional supporting the application (e.g. social worker, health visitor, occupational therapist, community care assistant or physiotherapist). Please read the guidance notes carefully before completing. If you wish to submit information in support of this application please do so on a separate sheet.

I am satisfied that the particulars on this form are correct, that the applicant has the impairment described above, that the impairment meets the Ecas medical criteria and that this grant would be an appropriate use of charitable funds.

| Sponsor's Signature                              |  |       | Date |  |
|--|--|-------|------|--|
| Telephone Number<br>(including Code)             |  | email |      |  |
| Address<br>(includin<br>g post<br>code)          |  |       |      |  |
| Organisation and Position                        |  |       |      |  |
| Name of Sponsor (please<br>Print) Mr/Mrs/Miss/Ms |  |       |      |  |

#### Statements by Applicant (or parent or guardian if applicant is under 16) (Compulsory)

1. I accept the Client Data Protection Notice:

Ecas 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 Ecas processing your data for those purposes. You also consent to us contacting your doctor (or other medical professional whose details you provide) and sponsor for further information in relation to your application.

2. I confirm that the information I have provided is accurate to the best of my knowledge.

#### 3. (Delete if inappropriate) I last received a grant from Ecas in

#### (MM/YYYY).

4. Children's capacity statement: Your parent or guardian must sign this form on your behalf if you are under 16 years of age.

|                                   | _    |   |
|-----------------------------------|------|---|
| Applicant's or Parent's Signature | Date |   |
|                                   |      | • |

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Website: www.ecas.scot

#### APPENDIX 1: Occupational Therapists Sponsoring an Application for a Power-Pack.

# Before a grant application is submitted, please agree to the following conditions listed below:

- Any grant applications for power-packs retro fitted to a manual wheelchair must be for those operated by a trained 3<sup>rd</sup> party family member or wheelchair attendant only.
- All applications must be sponsored and signed off by an Occupational Therapist. Only power-packs supplied by Ecas' preferred supplier will be considered.
- Before a grant is submitted, attendants/family members responsible for pushing the chair with the power-pack attached must either trial equipment at Longstone, the Disabled Living Centre in the SMART Building at Astley Ainslie Hospital or any other Support and Rehabilitation Service out-with Edinburgh. Users to demonstrate the ability to carry, attach, charge, dissemble the power-pack to/from the manual chair. Users also to demonstrate safe operation. OR
- Trials to be arranged at the Disabled Living Centre in the SMART building, Astley Ainslie Hospital for applicants who are not assigned to an Occupational Therapist connected to Longstone or other Support and Rehabilitation Service. An OT from the Disabled Living Centre must then sponsor the application and users to demonstrate the ability to carry, attach, charge, dissemble the power-pack to/from the manual chair. Users to also demonstrate safe operation.
- The engineer delivering the power-pack from the supplier is required to witness the family member/attendant's ability to carry, attach, operate, charge, dissemble the power-pack.
- Agree that Ecas will accept no liability after the power-pack has been delivered to the grant recipient.
- The applicant takes responsibility for ongoing maintenance and repairs from the date of delivery. 12 months insurance cover, arranged through our supplier to cover liability and legal fees id included. Continuation of the insurance by the applicant after 12 months, is strongly recommended.

#### Applicant Details (Information needed for power pack requirements)

| Name:   | Height: |  |
|---------|---------|--|
| Weight: | Age:    |  |

## As the designated Occupational Therapist for the applicant, I can confirm that the applicant has agreed to the above information and they are happy to proceed with their application.

#### **Occupational Therapist**

| Name:   | Date: |  |
|---------|-------|--|
| Signed: |       |  |

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