Applications must be endorsed by a <u>qualified</u> Medical or Healthcare professional (Social Worker, Occupational Therapist, Physiotherapist etc.)

<u>Endorsement</u>

Name of Child: .....

He/she has been diagnosed as living with a life-shortening illness namely:

.....

Please state, in your professional opinion, how the items requested in this application will be of direct benefit to the child and their family (enclose a letter, if preferred but pleaseremember to sign this form).

Name of person endorsing this application: .....

Health Regulator & Registration No…….....

Professional Relationship to Child

.....

Organisation: .....

Address: .....

.....

County: .....Postcode: .....

Email: .....

Telephone No: .....

Signature: .....Date: .....

React: **R**apid **E**ffective **A**ssistance for **C**hildren with potentially **T**erminal Illness

Version 33 (Mar 2025)

APPLICATION FORM

If English is not your first language and you would like assistance to make an application, please telephone the React office where we will try our best to help you.

React
Building 3, Chiswick Park
566 Chiswick High Road
London
W4 5YA

Tel: 020 8940 2575
Email: react@reactcharity.org
Website: www.reactcharity.org

Registered Charity No. 802440 (UK) / SC038067 (Scotland)

In the unlikely event you are unhappy with our service, please email react@reactcharity.org marking your correspondence for the attention of the Director.

Application to be completed by Parent or Guardian

Name of Child: .....

Date of Birth: .....Age: .....

Name of Parent/Guardian: .....

Address: .....

County:..... Postcode: .....

Email: .....

Telephone No: .....

Items/assistance required: Please provide as much information as possible including exact prices and quotations.

How will these items be of benefit to you and help you to care for your child?

Are the items available through your local health authority or any other organisation, including the Family Fund? If yes, have you applied and what is the response to date?

Please add anything else you feel React should know:

Please provide the name of the supplier in question and attach quote(s) detailing the item(s) required:

All confidential information is stored securely and not shared outside React

Financial Status Questionnaire

(Financial details of all persons living with the child must be given)

Names of Parent/Guardian: Partner:

Occupation: Occupation:

Other Children / Dependents: Yes / No

If Yes, please give names, ages and date of birth:

Amount requested: £

Please fill in all relevant sections of monthly income and expenditure

Details of Low Income Benefits **Per Month**	Family Salary/Wages **Per Month**	Family Expenditure **Per Month**
Universal Credit:	Wages (after tax):	Rent, Council Tax, Mortgage:
Housing Benefit:	Savings:	Electricity, Gas, Water &Telephone:
Income Support:	Carers Credit/ Allowance:	Car:
Working Tax Credits:	Child Benefit:	Food & Clothing:
JSA or ESA	DLA or PIP	Loans:
Child Tax Credits:	Other:	Miscellaneous:
Total:	**Total:**	**Total:**

I confirm that the information given above is correct. I agree to React contacting my sponsor to obtain further relevant information in relation to this application if necessary.

SIGNATURE OF PARENT / GUARDIAN:

DATE: