

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

**Endorsement**

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 please remember to sign this form).



**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.*

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

Health Regulator & Registration No.....

Professional Relationship to Child

.....

Organisation: .....

Address: .....

.....

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

Email: .....

Telephone No: .....

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

React  
Building 3, Chiswick Park  
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**Tel: 020 8940 2575**  
Email: [react@reactcharity.org](mailto:react@reactcharity.org)  
Website: [www.reactcharity.org](http://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](mailto:react@reactcharity.org) marking your correspondence for the attention of the Director.*

**Application to be completed by Parent or Guardian**

All confidential information is stored securely and not shared outside React

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** e.g. what is currently being used and why this is no longer suitable?

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

**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**  
 (Please indicate if Housing Benefit, Income Support, JSA or ESA are included within your Universal Credit contribution)

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

*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:**