

kidney Patients

Improvinglifefor

Applying for a grant

Giving patients total support, to help them live more fulfilling lives, have better choices and receive better services and support. Kidney Care UK provides funding for kidney patients who are struggling to make ends meet. This leaflet explains the type of grants we offer and how to apply.

When you're struggling to deal with kidney disease, the additional pressures of trying to make ends meet can make life very difficult. Our grants are intended to avert a crisis, make a purchase that improves your quality of life or take a respite break or holiday. Whilst we can't guarantee every application, we do our best to help where we can.



What will Kidney Care UK pay for?

Holidays

Financial aid

If your kidney disease or the kidney disease of someone in your family is causing financial difficulties and you are on a low income, we may be able to help with the cost of an outstanding domestic bill such as gas, electricity or water, or with car insurance or heating costs. We sometimes also help with the purchase of domestic goods such as washing machines and cookers and often pay for storage facilities for dialysis supplies.

We understand the importance of taking a break from the monotony of kidney treatment and we give grants to individuals and families towards the cost of a basic holiday in the UK or overseas. The grant can be used to cover the total cost of the holiday, or it can be used as a contribution towards the final cost. Payments are made directly to the travel company. We only make one holiday grant per couple or family in any two-year period. We also support adults and children with the costs of attending the Transplant Games.

Travel costs

If you can't recover the cost of travel to your hospital via your kidney unit, we may be able to help you if you have to visit regularly and travel a long way. We don't help with costs of getting to ongoing dialysis though.

Further education and training

We may be able to make a contribution towards the cost of university or college fees where appropriate, or help with the cost of books, equipment, lodgings or other expenses involved with educational and job opportunities.

How do I apply to Kidney Care UK for a grant?

You'll need to contact your kidney unit social worker, as all applications for grants must come to us on a grant application form completed with your social worker, or a member of your kidney care team.

You'll be asked to give details about your financial circumstances. Your kidney unit social worker will have a copy of our grant application form, but it can also be downloaded from our website **www.kidneycareuk.org**



How long will it be before I receive any money?

Once we receive the grant application from a member of your kidney care team, we review all applications and if successful it may be just a matter of days before the grant is agreed.

If the grant is for more than £100, the amount will always be made payable to the company or shop supplying the goods or services.

Is there a limit to the funds I can ask for?

There is of course a huge demand on our funds. Our personal grants vary in size and depend on the request and individual need caused by the kidney disease. As the grant forms are filled in with members of your kidney care team, we know they have been talked through in detail before coming to us.

Can I apply for more than one grant?

Yes, we consider each application on its own merits, but we will take into account other recent personal awards made.

What can't Kidney Care UK help me with?

It's important to remember that we can't reimburse patients for bills already paid. In addition, we don't give grants for:

- Telephone bills
- Court fines
- Improvements to a patient's home
- · Credit card and loan repayments
- Medical equipment
- Council tax payments

Whilst we don't pay for dialysis when on holiday either in the UK or abroad, it is free in European Community countries at centres which accept the European Health Insurance Card (EHIC).



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Last year, I went on a clothes-making course at college but I didn't have a sewing machine at home. My clinical psychologist helped me to think about applying to Kidney Care UK for a grant for a machine and now I am so happy to have one. I have something to do in my house now and whilst I'm concentrating on sewing my anxiety goes away. It's like having a person to talk to.

Shuvai, received £190 grant



Kidney Care UK provides support, advice, counselling and financial help for kidney patients and their families.

We fund the improvement of renal equipment, services and specialist staff. We also invest in research and help to influence government and NHS policy. To access our full range of services, please use the contact details below.

Visit our website at www.kidneycareuk.org Call us on 01420 541424

Kidney Care UK 3 The Windmills, St Mary's Close, Turk Street, Alton GU34 1EF T: 01420 541424 | F: 01420 89438 info@kidneycareuk.org | kidneycareuk.org **F** ormerly



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Grant application form



This form must be submitted by a renal social worker or member of the patient's renal team, who must sign the declaration and attach a detailed social report on the hospital's headed notepaper.

Please note that it simply is not possible to meet all requests for help we receive. Please provide as much detail as possible about the need for this grant and the difference it will make to give the application the best chance of being successful.

FULL NAME AND ADDRESS OF PATIENT

| Title: | Surname: | | | |
|------------------------------|----------|-------------------------------------|---|---|
| First name(s): | | | | |
| Address: | | | | |
| | | | | |
| Postcode: | | Date of birth: DD/MM/YYYY | 1 | 1 |
| Tel 1: | | Tel 2: | | |
| Email: | | | | |
| | | | | |
| PERSONAL INFORMATIO | N | | | |
| Present or last occupation: | | | | |
| If not working, please state | | | | |

when last job ended:

| Are you a British citizen? | Yes | No | Are you living permanently in the UK? | Yes | No |
|----------------------------|-----|----|------------------------------------------|-----|----|
|----------------------------|-----|----|------------------------------------------|-----|----|

TELL US THE NAMES OF ALL MEMBERS OF THE HOUSEHOLD

| First name | Surname | Relationship to patient | Date of birth (if under 18) | Occupation |
|------------|---------|-------------------------|------------------------------------|------------|
| | | | | |
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MEDICAL INFORMATION



Name of renal unit attended:

Nature of treatment: haemodialysis / CAPD / kidney transplant / pre-dialysis / other (state):

Date of transplant (if applicable):

If pre-dialysis please state eGFR:

Other medical conditions:

PLEASE NOTE

Kidney Care UK grants are normally only available to people who are on dialysis, about to start dialysis or within the first year posttransplant. In all other circumstances an application must be accompanied by a letter from a renal consultant stating that the patient's renal condition is having a serious impact on their quality of life. Grants are discretionary and there are sadly no guarantees.

| GRANT INFORMATION | |
|-------------------------------------------------|---|
| State purpose for which a grant is required: | |
| Amount of grant requested: | £ |
| If successful, cheque to be made payable to: | |

- Cheques for more than £100 must be made payable to shops, service providers, etc. and cannot be made payable to the patient or any other individual.
- Cheques cannot be made payable to Trusts or hospital social work departments.
- When requesting funding for goods it may be helpful to you to know that we will normally only consider the least expensive suitable option.

| If applying for a grant towards a holiday, please complete the following information: | | | | |
|---------------------------------------------------------------------------------------|---------------------------------|--|--|--|
| Holiday dates: | Number of people travelling: | | | |
| Total cost of holiday: | £ | | | |
| Amount requested: | £ | | | |
| Name and address of travel company, hotel, etc: | | | | |

Please include documentation from the travel company showing the holiday details and costs.

DETAILS OF YOUR MONTHLY HOUSEHOLD INCOME

Please include all earnings from jobs (after deduction of income tax), benefits and allowances including DLA etc. for **ALL** members of the household. Please ensure that this section is correctly completed; failure to do so will result in your application being rejected.

| Source | Amount (monthly) |
|--------|------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

Total monthly income:

Amount of savings:

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DETAILS OF YOUR MONTHLY HOUSEHOLD OUTGOINGS

| Mortgage/Rent: | Insurance: |
|----------------|------------|
| Council tax: | Clothing: |
| Housekeeping: | Car: |
| Electricity: | Telephone: |
| Gas: | Loans: |
| Water rates: | Other: |

Total monthly expenditure:

OTHER ORGANISATIONS APPROACHED

| Organisations | Purpose of grant | Date | Outcome |
|---------------|------------------|------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

DECLARATIONS

DECLARATION BY PATIENT (OR PARENT/GUARDIAN)

I confirm that the information provided is correct to the best of my knowledge and, if this application is successful, I will ensure that the funds granted will be used for the purpose for which they were awarded. False information may result in the grant being withdrawn and any payments needing to be returned.

Name: (in capitals)

Signature:

Date:

DECLARATION BY RENAL SOCIAL WORKER OR MEMBER OF RENAL TEAM

I have read the information provided on the attached grant application form and to the best of my knowledge believe it to be correct.

Name: (in capitals)

| Signature: | Date: |
|------------|---------|
| Position: | |
| Address: | |
| Postcode: | Email: |
| Tel No: | Fax No: |

ARE YOU WILLING TO SHARE YOUR STORY TO HELP OTHER PATIENTS?

If your application is successful, would you be willing to share your experiences and help us let other kidney patients know about the support that is available and the difference it can make? Stories like yours help us reach and help more people - if you're happy to share your story please tick this box.

CHECKLIST

Before submitting your application, please ensure that: (please tick the box if enclosed)

- 1. All sections of the application form have been fully completed.
- 2. You have signed and dated the declaration.
- 3. The patient (or parent in the case of a child) has signed the declaration.
- 4. You have included your report, written on the hospital's notepaper.
- 5. You have included copies of any supporting documentation i.e. invoices, estimates, etc.
- 6. Please note that the Kidney Care UK never reimburses individuals for payments already made.

KEEP IN TOUCH WITH KIDNEY CARE UK

We want to be sure we contact you about the things you are interested in and in the way that you have requested.

What information would you like to receive from us? Tick all that apply

The latest news and updates from Kidney Care UK

Our free quarterly magazine, Kidney Matters

How you can support Kidney Care UK (volunteering, events, fundraising)

How would you like us to contact you? Tick all that apply

Post

Email

Phone

If contact details are different to those used on this form, please enter them in the spaces provided above.

You can change your preferences at any time by emailing **info@kidneycareuk.org** or calling **01420 541424.**

Data Protection/Privacy Policy

Kidney Care UK will treat your details in confidence and in accordance with current data protection laws. For further information on how your data is used and stored visit **www.kidneycareuk.org/privacy**

When fully completed and accompanied by supporting documentation (i.e. written report, estimates, invoices, etc.) this form should be returned to: