



The ileostomy & internal pouch  
**Support Group**

Registered Charity



# APPLICATION FOR IA WELFARE GRANT

Surname: (Mr/Mrs/Miss/Ms)

First Names:

Address:

Phone No.

Age:

Occupation:

Dependants:

(if married or with a partner, please give spouse/partner's occupation also)

(names and ages)

IA member organisation to which you belong: .....

**You must be a member of IA to claim**

Do you have an Ileostomy or an Internal Pouch?.....

Date (approx) of joining IA .....

Date(s) of your stoma/pouch surgery.....

**PLEASE STATE IN THIS SECTION THE AMOUNT OF THE GRANT YOU ARE APPLYING FOR AND THE PURPOSE OF THE GRANT**

AMOUNT : £

PURPOSE :

Please give full reasons as to why you feel we should make this grant to you.

*If insufficient space, please use reverse of this form*

**Have you requested Citizens Advice Bureau to carry out a benefits check? YES / NO**

**Are you seeking welfare funding from any other grant making body? YES / NO**

**If YES, please give details.**

**We will be sharing this information with other grant making organisations.**

**All information given is treated confidentially; however it is usually necessary to contact the secretary of your member organisation for confirmation of membership and any other relevant details.**

**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_

[www.iasupport.org](http://www.iasupport.org)

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President: Professor Neil Mortensen MBChB MD MA FRCS Eng FRCS Glas FRSC Edin



**IN THIS SECTION, PLEASE GIVE FULL DETAILS OF YOUR INCOME AND EXPENDITURE:**

Show details as either weekly or monthly, as appropriate. **If you are living with a partner the income and expenditure details to be shown are for the household, that is of both yours and your partner's.**

<b>INCOME:</b>	weekly	monthly	<b>EXPENDITURE:</b>	weekly	monthly
Wage/salary <i>(including partner if applicable)</i>			Mortgage or rent <i>(please state which)</i>		
State Retirement Pension			Electricity		
Private Pension			Gas		
State Benefits : <i>(list in sections below)</i>			Water		
Income Support			Insurance		
Incapacity Benefit *			Council Tax		
Disability Living Allowance (Care component) *			Telephone <i>(including mobile)</i>		
Disability Living Allowance (Mobility component) *			Vehicle expenses <i>(including tax/insurance/fuel, etc)</i>		
Attendance Allowance			Loan repayments <i>(please detail purpose, etc.)</i>		
Child Benefit			Club books <i>(please detail)</i>		
Rent rebate			Housekeeping		
			TV Licence/Sky/Cable etc		
Any other income <i>(please detail)</i>			Any other expenses <i>(please detail)</i>		
<b>TOTAL:</b>	<b>£</b>		<b>TOTAL:</b>	<b>£</b>	

\* For Disability Living Allowance or Incapacity Benefit, please give reason(s) for payment in the box below (and for DLA the rate at which payment is being made):

Amount of any savings £.....Value of any property (i.e. house etc) £.....