

Discretionary Welfare Assistance Scheme



Support Agency Client Application – Reference Sheet

The applicant must seek support to apply to the Discretionary Welfare Assistance Scheme via a Support Agency. Support staff must use their skills to assess the applicant’s need prior to an application being made, as funding is limited and for a one-off crisis.

Applications are to be made by telephone to the Worcestershire Hub on 01905 722233.

The Support Agency must be able to confirm the following information before an application can be made.

How many applications have been made	1st	2nd	Crisis Support = only 2 x applications per rolling 12 month period per household. Settlement Support = 1 x every 3 years
Support Agency Details			
Name of referrer			
Agency Making the referral			
Referrer /Agency contact number			
Initial details for applicant			
Applicants name			
Applicants NINO (National Insurance Number)			
Applicants DOB (applicant must be over the age of 16 years)			
The Support Agency has seen sight of a means tested benefit award letter (letter within 3 months)	Details of benefit :		
Is there any other support provider that could meet the need (including family and friends)?	Details :		
Does the applicant have their own resources or savings?	Details :		
Applicant’s local connection i.e. lived in Worcester , Wychavon or Malvern for at least 6 months	Details:		
Is the applicant vulnerable and would the refusal of this application have a negative impact on their health?	Details :		

Details of why the award is required & what makes the applicant's circumstances exceptional		Details:			
What is the applicant applying for? Please tick.	Emergency Food	Nappies /Baby Milk	Energy Voucher Do they have a pre-paid gas /electric meter		Wardrobe Bed/Sofa/ Cooker /Fridge
				Yes /No	
Applicants details					
Name					
Address					
Contact Telephone number					
Contact email address					
NINO					
DOB					
Details of spouse or partner					
Spouse /partner name					
Spouse /partner address					
Spouse /partner NINO (National Insurance Number)					
Spouse /partner DOB					
Details of anyone in the household who is above the age of 16 years – please ensure all household members above the age of 16 years are noted.					
Name		Name		Name	
Address		Address		Address	
NINO		NINO		NINO	
DOB		DOB		DOB	
Number of household members aged 3 – 15 years					
Number of household members under the age of 2 years					
Any household members pregnant		Details:			
<ul style="list-style-type: none"> • If applicant has applied for benefit but not in payment they will be referred back to DWP • If applicant does not have a recent award letter they will be referred back to DWP • If applicant does not provide last & next payment dates application will be declined 					

