

GUIDANCE NOTES



Cynllun Cymorth Gwaed
Heintiedig Cymru

Wales Infected Blood
Support Scheme

FORM J - APPLICATION FOR ONE-OFF DISCRETIONARY GRANT

UPDATE

Discretionary grant payments received on or after 1 April 2025 will count towards your final compensation package and will be deducted from any future compensation award, excluding talking therapy and NHS Prescription Prepayment Certificate applications.

GUIDANCE NOTES FOR APPLICANTS

This form is for beneficiaries who are already registered with the Wales Infected Blood Support Scheme and wish to apply for the One-Off Discretionary Grant from the scheme.

Discretionary one-off small grant payments that beneficiaries and in some cases, bereaved spouses/partners may apply for to cover the cost of certain essential health-related items or services. One-Off Grants aim to provide support through contributing to the cost of essential items or services, worth over £200. The grants will normally only be available to cover costs of items or services which are needed, at least indirectly, as a result of the impacts of a beneficiary's Hepatitis C or HIV infection.

Evidence may be required to demonstrate need.

You must apply, and have received approval, before committing to payments or any services or expenditure. **Please note any payments you make before approval is given, may not be reimbursed.**

Grants are also available to help with the transition following an infected beneficiary's death. Such grants are available to widows, widowers, long-term partners, or children under 21 years old who are in full-time education where their spouse, partner or parent has died.

Examples of lower value grants available from the scheme are:

- Specialist beds and mattresses
- Mobility aids
- Lower value health-related adaptations to the home
- Other support or care to help a person to remain in their own home
- Vehicle repairs or adaptations if a car is essential, for example to get to hospital

- Motability deposits - every 3 years)
- Education or training courses
- Respite breaks and respite care due to treatment complications
- Healthcare including dentistry, chiropractor and physiotherapy

Examples of higher value grants:

- Home adaptations (every 10 years)

- Costs for provision of care at home
- Replacing income during time off work for Hepatitis C treatment

Further details are available on our website at wibss.wales.nhs.uk under small grants criteria.

In order to apply, first you will need to check if local authority, NHS or other public body support is available. In some cases, they may only provide a contribution or some of the support you need. In that case, the scheme may be able to supplement that support.

We assess all applications on a case-by-case basis. Although we ask for information regarding your household income, this is not taken into consideration when assessing a claim. By providing this information, you enable WIBSS to assess whether you may be entitled to any additional benefits or help, you are not currently claiming.

When completing this form, you do not need to include payments you receive from the Wales Infected Blood Support Scheme, or any interest earned on those payments.

HOW TO APPLY

Please complete all sections of this form and send it along with the supporting documentation to:

Wales Infected Blood Support Scheme
Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL

SUPPORTING DOCUMENTS REQUIRED

To allow us to assess your application, we require you to provide the following documentation:

- Two quotes should be provided, unless there is only one suitable provider (if so, please provide reasons for this). Links to, or screenshots of, web pages can be used to show the cost of an item or service.
- If applicable, any paperwork you have relating to any permissions you have obtained (e.g. building warrants, planning permission, etc).
- For health-related applications (e.g., mobility aids, respite care, home or vehicle adaptations, support in providing a carer, etc.) please include a letter from a registered health professional, such as a doctor or occupational therapist, confirming why the grant would be beneficial to you.

WHAT HAPPENS NEXT

The Wales Infected Blood Support Scheme will review the application to ensure you are eligible to receive the payment. If any additional details are required, the scheme will contact you to ask for these. Provided that the information supplied confirms you are eligible, you will receive a letter from the scheme to confirm the amount of the payments to be made and the date the payments will be sent to you.

If you will be dependent on a grant from WIBSS to make the purchase or for work to be undertaken, we advise that you do not act on this until you receive confirmation in writing from WIBSS that the grant application has been successful.

HELP WITH THIS FORM

If you require any assistance in completing this form, please contact the Wales Infected Blood Support Scheme on 02921 500900.

FORM J

APPLICATION FOR SUPPORT & ASSISTANCE GRANT ONE-OFF GRANTS

SECTION 1 DATA PROTECTION AND APPLICANT'S DECLARATION

✓ Please tick to confirm

☐

I understand that data I provide may be shared with NHS service providers and Counter Fraud Services to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime.

DECLARATION BY APPLICANT

I agree that the information I give on this form is complete and correct.

I agree to repay any money I receive to which it is found that I am no longer entitled.

I understand if I knowingly give wrong or incomplete information I may be prosecuted.

I agree to NHS obtaining any data held on me by the Eileen Trust, the Macfarlane Trust, MFET Ltd, the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

I understand that NHS may require to access data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application.

Signature of
Applicant

Date

HOW WE USE YOUR INFORMATION

The personal information that you provide on this form will only be used by Velindre NHS Trust for the purposes of checking your eligibility for a payment and to administer your application.

In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Appeals Panel. If your application is deemed to be ineligible, Velindre NHS Trust may keep your application form on file so that we have a full historical record in the event that you lodge an appeal or if you reapply for a payment at a later stage, in any event information we hold about you will be held for the purpose we collected it and kept for at least six years.

Your information will be held in the strictest confidence and will be kept securely, in accordance with the Data Protection Legislation, and will not be shared with any other organisation. Velindre NHS Trust are a Data Controller under the Legislation in respect of the personal information which we collect about you. We have notified the Information Commissioner of our data processing activities and our registration number is Z5021900.

If you have any questions regarding the use of your information, or have any concerns with how your information is being processed, or wish to obtain a copy of information held by us about you, please contact us by writing to Velindre Cancer Centre, Velindre Road, Whitchurch, Cardiff, CF14 2TL. For further information on how we use your information, please see the Privacy Policy available on our website.

SECTION 2 APPLICANT DETAILS

WIBSS Reference Title First Name Middle Name(s) Surname Previous Names Address Post Code Home Telephone Telephone E-Mail Address Date of Birth

What is your marital status?

Tick One Option Below	✓
Married	
Civil Partnership	
Widowed	
Divorced	
Separated	
Single	
Living with Partner	

NOTE – For the questions below, a dependent child is any individual under 18 years old, or anyone aged under 21 years old who is in full-time education. To count as living in your household, they need to be living there the majority of the time.

How many dependent children live within your household?

PRIVATE AND CONFIDENTIAL

How many adults live within your household? For this question an adult is anyone who is 21 years old or over (not including e.g. flatmates or lodgers)

If you have any dependent children, please provide their names and dates of birth here:

What is your employment status?

Tick One Option Below	✓
Employed – Full Time	
Employed – Part Time	
Self-Employed	
Unemployed	
Retired	
In Education	
Other (please specify):	

SECTION 3 DETAILS OF THE GRANT BEING REQUESTED

How much is the grant that you are requesting?

£

Please provide full details of how you would spend this grant:

PRIVATE AND CONFIDENTIAL

How would this grant benefit you?

Have you applied to anyone else for this support?
(E.g., local authority, NHS Board, housing association, student funding
bodies, Motability scheme, charitable organisations, etc.)

Yes ☐ No ☐

If 'Yes', please provide details of any applications you have made and the outcome of these

Do you require any permissions or consents in relation to how this grant will be spent? (E.g.
building warrants, planning permission, listed
building consent, etc.)

Yes ☐ No ☐

If 'Yes', please provide details

SECTION 4 HOUSEHOLD INCOME & SAVINGS

Please provide details of your household income. If your income varies, please provide the average income figure over the past six months. You do not need to include payments you receive from the Wales Infected Blood Support Scheme, or any interest received on those payments.

This information will **not** be used to determine eligibility for the grant but whether you are eligible for any benefits that you are not currently claiming.

Income Type	Monthly Income (after tax)
Income from employment	£
Sick Pay from employment	£
State pensions	£
Other pensions	£
Income from savings or investments (such as interest and dividends)	£
Benefits – Universal Credit	£
Benefits – Tax Credits, Pension Credit and other Low Income Benefits	£
Benefits – Jobseekers Allowance	£
Benefits – Employment and Support Allowance	£
Benefits – Personal Independence Payments, Attendance Allowance, Disability Living Allowance	£
Benefits – Child and Family Benefits	£
Benefits – Housing Benefits	£
Benefits – Bereavement Allowance	£
Other regular income – please specify:	£

Please specify any savings or investments held over the value of £5,000 (note – you do not need to include one-off lump sum payments received from the Wales Infected Blood Support Scheme)

Savings	£
Shares	£
Other capital held (e.g. the value of any land or property you own, not including your main home)	£

SECTION 5 HOUSEHOLD EXPENDITURE

Please provide details of your household expenditure below. These figures will not be used when looking at your eligibility for the grant, this information will be looked at to see whether we can assist you to lower your monthly expenditures in anyway. For example looking at different gas and electricity suppliers.

Expenditure Type	Monthly Payment
Mortgage or rent	£
Council Tax and water	£
Gas & electricity	£
TV, telephone & internet	£
Housekeeping (e.g. groceries)	£
Buildings & contents insurance	£
Motoring costs (e.g. finance payments, servicing, tax, insurance)	£
Other insurances	£
Clothing & personal items	£
Regular travel costs	£
Bank charges	£
Loans, credit cards & other debt payments	£
Other regular expenditure (please specify):	£