

Application form guide for professional referrers – Voucher Scheme ‘Food’



Please see a guide below, stating what to put in each section of the application form.

NOTE: The numbers within this guide may differ to the online form depending on which option is selected - if some questions are not relevant to the individual you are referring, the number next to the section will change.

Please select ‘I am referring someone else’ from the drop down option (example below).

Kent County Council | **HM Government**

Household Support Fund Voucher Scheme - Food

Funded by the UK government, the Household Support Fund scheme supports vulnerable Kent households in need of help with significantly rising living costs. This form is for the purpose of referring individuals to our voucher scheme. Applications can be made by individuals, or by professionals on an individual's behalf. Please ensure you have read details of the scheme and the eligibility criteria before completing this form, which can be found at <https://www.kent.gov.uk/leisure-and-community/cost-of-living-support/urgent-financial-help-and-extra-support/household-support-fund>.

* Required

Referral Type

1. Please select the option below that best describes you. *

Examples of a professional referral who can nominate a beneficiary include (but not limited to): charity employees, local council or local authority employees, GP and specialist doctors, teachers or lecturers and support staff in education settings.

I am referring someone else

2. The individual that I am referring has consented to this referral being made **and** have read and understood the privacy notice. *

Our privacy notice is available here: <https://www.kent.gov.uk/about-the-council/information-and-data/access-to-information/gdpr-privacy-notice/strategic-business-development-and-intelligence/financial-hardship-programme-household-support-fund-privacy-notice>.

Yes, I confirm

Next

Page 1 of 5



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You must have prior consent from the individual to this referral being made, and ensure they have read and understood the privacy notice within the link. You then need to tick the box to confirm this has been completed.

Application form guide for professional referrers – Voucher Scheme ‘Food’



...

Household Support Fund Voucher Scheme - Food

* Required

Referrer Details

NOTE: Questions 3 – 7 are your details (the referrer) to be completed

3. Referrer First Name *

4. Referrer Last Name *

5. Telephone number (Referrer) *

6. Email address (Referrer) *

7. Organisation (Referrer) *

Page 2 of 5

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Application form guide for professional referrers – Voucher Scheme ‘Food’



Household Support Fund
Voucher Scheme - Food

NOTE: Questions 8 onwards are in relation to the individual you are referring.

* Required

Personal Details

8. First Name *

First name of individual you are referring

9. Last Name *

Surname of individual you are referring - then their date of birth in the box below

10. Date of Birth *

Please input date (M/d/yyyy)

11. National Insurance Number *

National Insurance Number of individual you are referring

12. Telephone Number *

Telephone number of individual you are referring

13. Email Address *

Email address of individual you are referring - then their preferred contact method below

NOTE: If you are referring someone who does NOT have access to email or a smartphone, please select N/A and type in N/A for phone and email.

Application form guide for professional referrers – Voucher Scheme ‘Food’



14. Preferred Contact Method *

- Telephone
- Email

15. Flat Name (if applicable)

If applicable - flat name of individual you are referring

16. Building Name/Number *

Building Name/Number of individual you are referring

17. Street Address *

Street address of individual you are referring

18. Town *

Town of individual you are referring

19. Postcode *

Postcode of individual you are referring - then select their council tax authority below

20. Please select the Council Tax authority that you pay your household Council Tax to. *

Only households within the Kent County Council area can receive support from this scheme.

Select your answer



Application form guide for professional referrers – Voucher Scheme ‘Food’



Does the individual you are referring live with a partner? Please select yes/no. If you select yes, you will need to complete the partners details (their full name and National Insurance number) if relevant a separate box will appear.

Household Support Fund
Voucher Scheme - Food

* Required

Additional Household Information

21. Do you live with a partner? *

Yes

No

[Back](#) [Next](#)

Page 4 of 5

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If the individual you are referring has children you need to complete this section – state how many children, and whether they are eligible for Free School Meals.

22. Do you have any children in your full time care? *

Yes

No

23. How many children do you have in your full time care? *

2

24. Are any children in your full time care eligible for Free School Meals? *

Yes

No

Application form guide for professional referrers – Voucher Scheme ‘Food’



You will need to select the relevant answers to the questions below for the individual you are referring (example below):

25. Are you in receipt of means tested benefits? *

Yes

No

26. Is anyone in your household employed? *

Yes

No

27. How much is your total combined monthly income before tax, including any benefit support and earnings? *

The value must be a number

28. Have you received a cost of living payment? *

Please select at most 3 options.

Yes, Disability Cost of Living Payment

Yes, Low Income Cost of Living Payment

Yes, Pensioner Cost of Living Payment

No

If the individual you are referring has anyone else living in the household over the age of 18, you need to state how many within this section.

29. Excluding you and your partner, does anyone over the age of 18 live with you? *

Yes

No

30. How many people over the age of 18 live with you (excluding you and your partner)? *

2

Application form guide for professional referrers – Voucher Scheme ‘Food’



Within the question below you need to state whether anyone in the household of the individual you are referring is in receipt of disability benefit.

30. Is anyone in the household in receipt of disability benefit? *

Yes



No

Within the question below please state how much as a household the individual you are referring has in savings.

31. How much do you as household have in savings? *

If you do not have access to savings please enter 0.

Within the question below please state how the individual you are referring would like to receive their voucher:

Household Support Fund
Voucher Scheme - Food

* Required

Voucher Details

32. If successful, how would you like to receive your voucher? *

If you select by text, you need to sure that the text will go through to a smartphone.

By email

By text

Page 5 of 5

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Application form guide for professional referrers – Voucher Scheme ‘Food’



You will be asked ‘preferred store’ for the individual you are referring to use their food voucher – options to select are as follows:

Aldi

Asda

Farmfoods

Iceland

Morrisons

Sainsbury's

Tesco

You will be asked whether the individual is receiving any additional advice or support with their finances – please select the relevant option.

Are you receiving any additional advice and support with your finances? *

Yes

No

You will be asked whether the individual would like us to provide information to receive financial support/guidance – please select the relevant option.

Would you like us to provide information to receive financial support/guidance? *

Yes

No

Once application is complete please click ‘[submit](#)’

Page 5 of 5

We hope you have found this guide useful. If you have any queries, please email householdsupportfund@kent.gov.uk