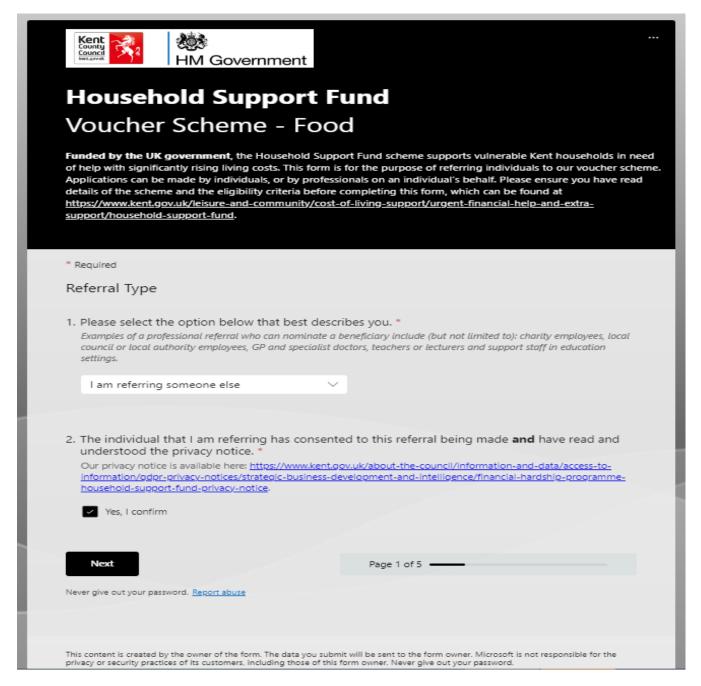


Please see a guide below, stating what to put in each section of the application form.

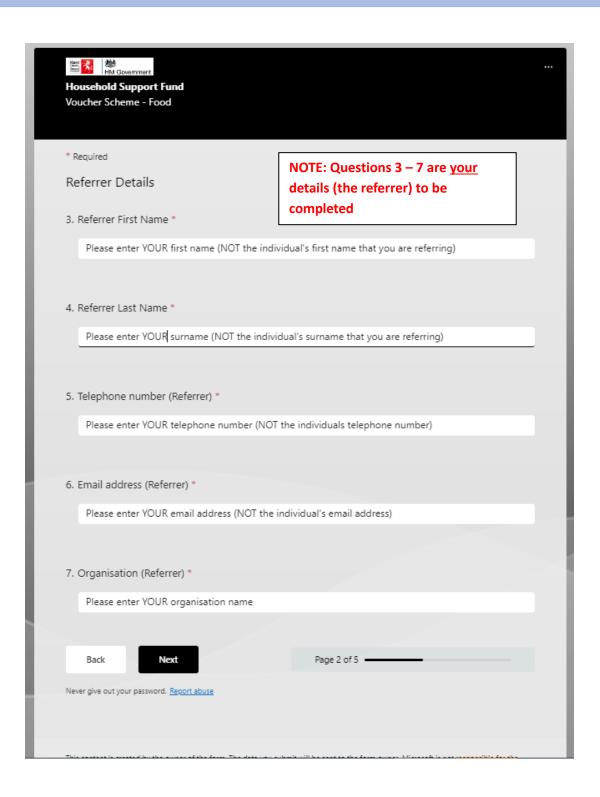
NOTE: The numbers within this guide may differ to the online form depending on which option is selected - if some questions are not relevant to the individual you are referring, the number next to the section will change.

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

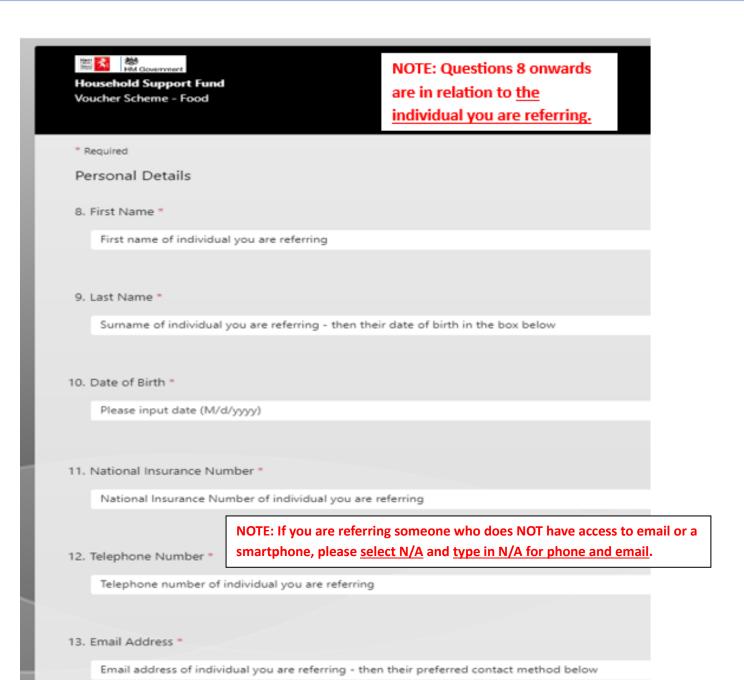


You must have prior consent from the individual to this referral being made, and ensure they have read and understood the privacy notice within the link. You then need to tick the box to confirm this has been completed.







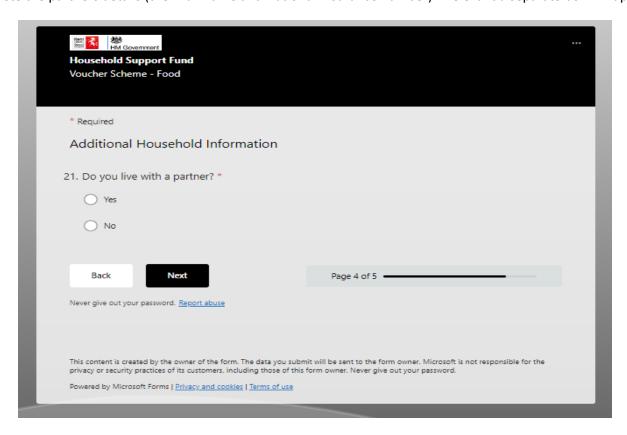




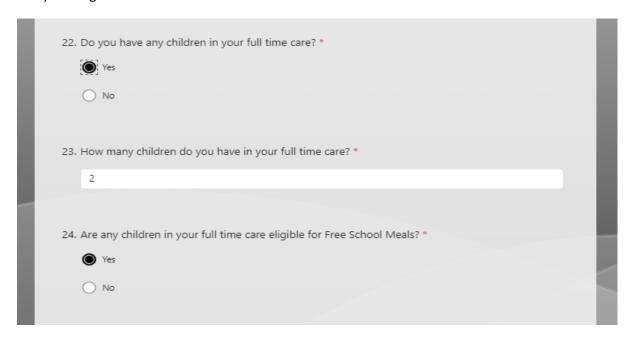
	14. Preferred Contact Method *
	○ Telephone
	○ Email
	15. Flat Name (if applicable)
	If applicable - flat name of individual you are referring
ı	16. Building Name/Number *
	Building Name/Number of individual you are referring
	17. Street Address *
	Street address of individual you are referring
	18. Town *
	Town of individual you are referring
1	
	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



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.



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.

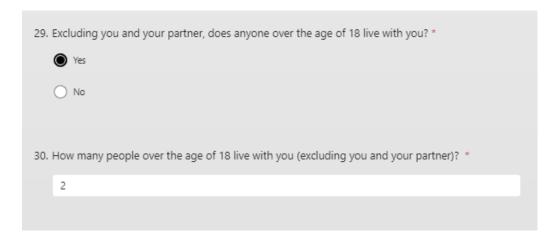




You will need to select the relevant answers to the questions below for the individual you are referring (example below):

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.

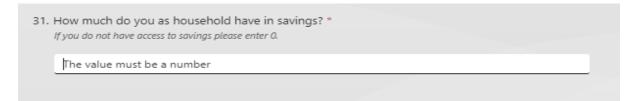




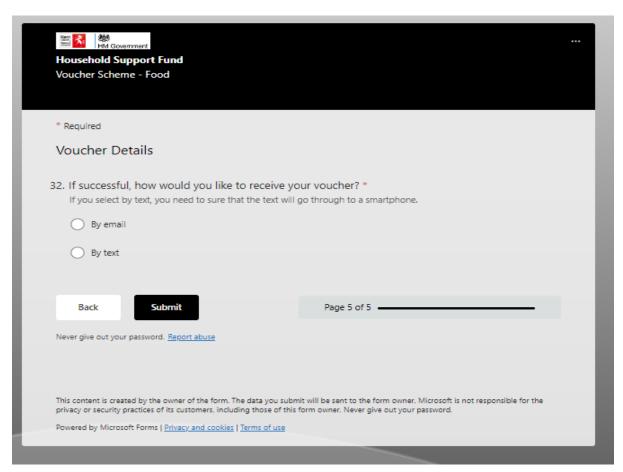
Within the question below you need to state whether anyone in the household of the individual you are referring is in receipt of disability benefit.

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.

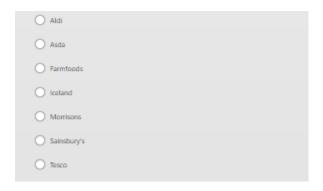


Within the question below please state how the individual you are referring would like to receive their voucher:





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



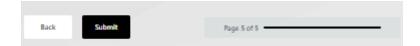
You will be asked whether the individual is receiving any additional advice or support with their finances – please select the relevant option.



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



Once application is complete please click 'submit'



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