
What is the Independent Living Fund?

The Independent Living Fund (2006) is a Trust, which was set up by central government. The Fund receives all of its funding from central government. The Department for Work & Pensions (DWP) is the government department that gives the Fund money to pay to Fund users.

What does the Fund do?

The Fund is intended to support people with disabilities so that they can live independently at home, rather than in residential care. It makes payments to people with disabilities so that they can afford to employ personal assistants or agency workers to provide the support that they need to remain at home.

Working with Local Authorities, or Councils with Social Services responsibilities

The Fund works in partnership with Local Authority Social Services or Social Work Departments. The Fund can only make payments to people who get Social Services Support to the value of at least £16,640 per year (£320 per week). This support from Social Services can take the form of direct services, for example a day centre placement, or money from a Direct Payment Scheme.

Rules about who can apply to the Fund

There are some rules about who can apply to the Fund. To apply to the Fund, you must:

- be at least 16 and under 65 years of age
- be getting, or have been awarded, the highest rate care component of Disability Living Allowance (DLA)
- you and/or your partner must have less than £22,250 of capital and savings

Priority applications

From 1 April 2008 if you live in England, Scotland or Wales or 1 July 2008 if you live in Northern Ireland, ILF will give priority to users already receiving payments from the Fund and then, new applications will be given priority as follows:

- If you are in work or self employed for at least 16 hours per week your application will be accepted so long as you meet the rules about who can apply to the Fund

Second priority is then given to you if:

- You are in receipt of Income Support, Pension Guarantee Credit, Income Based Job Seekers Allowance, or have an income at a similar level* even though you do not receive the benefit AND have a care package which is expected to add up to at least the minimum package cost (MPC) currently fixed at £500 per week

* Only once the financial information form is completed and returned to the ILF will we be able to tell if your income is close enough to Income Support levels for your application to be accepted.

If you are not in one of the groups listed above, it is unlikely your application will succeed.

If you think that you meet the rules about who can apply, and you would like to make an application to the Fund, you need to fill in **Part One** of the application form. This starts on page 6. Before you start to fill in the form, please read the notes on page 3 to 5. These notes will tell you how to fill in the form and what to do with it when you have filled it in.

Notes about filling in this form

When you have read the notes, if you have got any questions about how to fill in the form, please telephone the Fund on 0845 601 8815 and ask to speak to someone from the LA Liaison Team. This is a local rate number but, if you are worried about the cost of the call, please ask the person dealing with your query to call you back.

Why is the form so long?

Please don't be put off! The form feels quite bulky and there are lots of pages. However, the form is in two parts and you only have to fill in **Part One**. **Part Two** of the form has to be filled in by your Social Worker. The form is also bulky because we have included the notes on how to fill it in. The notes are on a tear-off sheet so that you can keep them after you have filled in the form, in case you need to look at them again.

Who can fill in the form?

Part One of the form must be completed by you, the person who is making the application to the Fund. If you can't fill in the form yourself, you can ask someone to help you fill in the form.

Who can sign the form?

You can sign the form yourself as the person who is making the application to the Fund.

If you are unable to do this, and someone is signing the form on your behalf in section 8, they **must** be either your benefits appointee or your Power of Attorney. **Please note that the Fund will not be able to accept the form if part one has been signed by someone other than you, your benefits appointee or someone who has Power of Attorney to act on your behalf.** This is because we need permission to contact the Department for Work & Pensions (DWP) to check on how much Disability Living Allowance (DLA) you get before the application can go ahead. Permission to contact the DWP can only be given by you, your benefits appointee or Power of Attorney.

Part Two of the form **must** be completed by a Social Worker, Care Manager or similar representative from your Local Authority Social Services Department.

The Fund cannot accept your application form if Part Two has not been completed by a Social Worker, or by someone from the Local Authority who can agree to you getting the necessary level of Social Services support.

If you would like to apply to the Fund but you do not get Social Services support, you need to ring your local Social Services Department and talk to them about getting a Worker allocated to you. The telephone number will be in your local telephone directory.

What happens after you fill in the form?

After you have filled in Part One of the form, please ask your Social Worker to fill in Part Two. When both parts of the form have been filled in, the form should be sent to the Fund **with the completed Financial Information form and SSD1000** to the following address:

The Independent Living Funds
PO Box 7525
Nottingham
NG2 4ZT

When we have received all 3 forms this will be a valid application. We will have a look at them to make sure that all the forms have been fully completed. Should the application not include all the completed forms or if a form is incomplete it will be returned to you. We will contact the Disability Living Allowance Unit to make sure that you are getting the highest rate care component of Disability Living Allowance (the part of DLA that is for help with care through the day and night). We need to check this because we cannot accept your application to the Fund if you are not getting this part of DLA.

If we cannot accept your application to the Fund, we will write to you and tell you the reason why.

If we accept your application to the Fund, we will ask you to meet with an **Independent Living Fund Assessor** and your **Local Authority representative**. We call this the **joint assessment visit**. The joint assessment visit can take place at your home, in hospital or residential care, or somewhere else if this is more convenient. Most people have the joint assessment visit at home.













The joint assessment visit is for you and the Independent Living Fund Assessor and Local Authority Representative to talk about the help that you need and who you will employ to provide you with that help. If you like, you can ask a friend, relative or someone else to be with you during the visit. At the visit, the Independent Living Fund Assessor will ask you some questions about your care needs and will fill in a form to send to the office in Nottingham. We will use the information in the form to work out how much help the Fund is able to offer you. After we have worked out what we can offer, we will write to you to explain what happens next.







What to do now

If you would like to make an application to the Fund, please complete Part One of this form. You will also need to complete the Financial Information Form.






Part One – Section 1A

If possible, please use a black pen to fill in the form and use capital letters. Please make sure that you fill in all of the sections that apply to you – just follow the arrows.



Do you get the highest care component of Disability Living Allowance (DLA)?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  Sorry the Fund cannot help you
Are you at least 16 and under 65 years of age?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  Sorry the Fund cannot help you
Do you wish to live at home and need someone to help you?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  Sorry the Fund cannot help you
Do you and your partner have less than £22,250 of savings and capital?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  Sorry the Fund cannot help you
Do you have a Trust Fund or compensation worth over £22,250?	No <input type="checkbox"/> 	Yes <input type="checkbox"/>  Sorry the Fund is unlikely to be able to help you
Are you ordinarily resident in the UK?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  Sorry the fund cannot help you

Are you subject to immigration control within the meaning of section 115(9) of the Immigration and Asylum Act 1999?	No <input type="checkbox"/> 	Yes <input type="checkbox"/>  Sorry the Fund cannot help you
Are you currently present in the UK?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  The Fund will contact you for more information about this
Have you been present in the UK for at least 26 consecutive weeks in the last year?	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  The Fund will contact you for more information about this

Section 1B

Are you in paid employment or self-employed for at least 16 hours per week?	No <input type="checkbox"/> 	Yes <input type="checkbox"/>  Go to Section 2
Are you in receipt of Income Support, Income Based Job Seekers Allowance or Pension Guarantee Credit? Please go to Section 1C	Yes <input type="checkbox"/> 	No <input type="checkbox"/>  Sorry the Fund will not be able to help you unless we assess your income as being at a similar level to Income Support  Please go to Section 1C

Section 1C

Will your care package cost more than £500 per week? Your Social Worker or Care Manager will be able to help you answer this question.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sorry the Fund is unlikely to be able to help you
			
Go to Section 2			

If you would like further advice about this please telephone the Fund on 0845 601 8815 and ask to speak to someone on the LA Liaison Team.

Section 2 – About you (the person who is applying to the Fund)

Surname _____ Title (ie Mr, Ms) _____

Other names _____

Date of birth _____

National Insurance number

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Home address _____

_____ Post Code _____

Telephone Number _____
(please include the area code)

e-mail address _____

Fax number _____



What is your impairment _____
or disability?

Please go to Section 3



Section 3 – About where you live at the moment

Are you currently living in hospital or residential care? Please tick "Yes" or "No" and follow the arrows.

Yes <input type="checkbox"/> 	No <input type="checkbox"/>  If you have answered "No" to this question, Please go straight to section 4A.

If you have answered "Yes" to this question, please tell us the following information:

Please give the full address of the hospital or residential unit where you are living at the moment, including the ward name or number if you are in hospital.

Telephone number

When do you expect to move to your own home? It is important that you give us a date if you possibly can.

As part of the process of dealing with your application to the Fund, we make what we call a **joint assessment visit**. What is the address where you would like this to take place?


Post Code

Please go on to Section 4A



Section 4A – About your Income Support

Do you, or does somebody else on your behalf, currently receive Income Support? Please tick "Yes" or "No" and follow the arrows.

Yes ☐



No ☐ 

If you have answered "No" to this question,
please go straight to Section 5.

If you have answered "Yes" to this question, **please tell us the following information:**

Claiming Income Support as part of a couple – this means claiming Income support jointly with your husband or wife, or someone you live with as if they are your husband or wife.

Is the claim for Income Support in your partner's name?

Yes ☐


No ☐ 

please go straight to section 6

If yes, please go to Section 4B

Section 4B

If you are claiming Income Support with your partner, and the claim for Income Support is in your partner's name, please make sure that your partner reads and signs the declaration below. This is necessary because we will need their permission to confirm your Income Support with the DWP before your application to the Fund can go ahead.

Name (of partner) _____

National Insurance number

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I consent to the Independent Living Fund (2006) ("the Fund") making such enquiries of the Department for Work and Pensions as are necessary to assess the validity of this application to the Fund. The Department for Work and Pensions may carry out such processing as is necessary to check that this information is correct and may inform the Fund of any relevant changes that would affect the applicant's eligibility to continue receiving payments from the Fund.

Signature _____ Date _____

FOR OFFICE USE ONLY ILF REFERENCE NUMBER _____

Please go on to Section 5



Section 5 – About any previous application to the Fund

Have you or has anyone else in your house applied to the Fund before? Please tick "Yes" or "No" and follow the arrows.

Yes ☐



No ☐



If you have answered "No" to this question, **please read the notes on the following page then go to section 7**

If yes, when did you/they apply?

What was your/their reference number?

Section 6 – About getting money now

Do you, or does anyone else in your house currently receive money from the Fund? Please tick "Yes" or "No" and follow the arrows.

Yes ☐



No ☐



If you have answered "No" to this question, **please read the notes on the following page then go to section 7.**

If yes, what is your/their name?

What was your/their reference number?

Please read the notes on the following page



Data Protection

The Fund needs to collect information about you to process your application to the Fund. The information it collects is controlled by the Data Protection Act 1998. Please read the following information that tells you how the Fund uses the information that you provide.

How the Fund Collects and Uses Information About You

The Independent Living Fund (2006) is an organisation set up and funded by central government. The Independent Living Fund (2006) previously comprised of two separate Funds. These Funds were called the Independent Living (Extension) Fund and the Independent Living (1993) Fund. The Independent Living Fund (2006) has taken over payments to both these groups of users.

The Fund collects information about you for the purpose of processing your application to the Fund for financial assistance and for administering any funding that it may award you either now or in the future. The information collected by the Fund may include some sensitive personal data defined by the Data Protection Act. This sensitive personal data is details about your physical and/or mental health.

As permitted by law the Fund may also get information about you from certain third parties, or give information to them, to check the accuracy of the information, to detect or prevent crime, or to prevent misuse of public funds in other ways. The third parties with whom the Fund may share information about you are:

- The Department for Work & Pensions
- Local Authority Social Services Departments
- Your representative or appointee acting on your behalf
- The Fund's solicitors and/or other professional advisors
- The Police
- The Independent Living Fund Assessor
- Your carers/personal assistants

The Fund will not disclose information about you to anyone outside the Fund unless the law permits it to do so.

By providing the information requested in this form, you consent to the Fund processing personal data and sensitive personal data about you, as described above, where this is necessary for the purposes set out in this notice.

You have the right to ask for a copy of the information the Fund holds about you (for which the Fund may charge a small fee) and to correct any inaccuracies in the information held about you. If you would like a copy of the information the Fund holds about you, please write to the Data Controller at the address shown.

Please go to Section 7



Section 7 – Your Ethnic Group

We would like you to fill in the following information about your cultural background. We collect this information so that we can tell whether the Fund is offering equality of opportunity and treatment to people from all ethnic groups.

The Fund will look at the information people provide on this form to see if some groups use the Fund more than others, consider whether we need to try and reach under-represented groups and make sure that our services are fairly provided.

The information will not be kept with your application and the people who process your application to the Fund will not be able to see this information.

Please choose **one** section from A to E, then tick the appropriate box to indicate your cultural background.

A White

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> British | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> English | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Any other White background, |

please write in _____

B Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian

Any other mixed background, **please write in** _____

C Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any other Asian background,

please write in _____

D Black, Black British, Black English, Black Scottish or Black Welsh

☐ Caribbean

☐ African

☐ Any other Black background, please write in _____

E Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or any other ethnic group

☐ Chinese

☐ Any other background, please write in _____

Please go to Section 8



Section 8 – Declaration and signature

Please complete and sign the declaration over the page. Please note that if you are completing the form on behalf of the applicant, the signature must be from either the benefits appointee or Power of Attorney, as their permission to contact the DWP is required before the application can go ahead.

If you are signing on behalf of the applicant

Are you the applicant's benefits appointee/
Power of Attorney?

☐ Yes ☐ No

Please note that we cannot accept this application without a signature from the person making the application, their benefits appointee or Power of Attorney

If your are signing on behalf of the applicant please give the following details:

Your name _____

Your address _____

Your telephone number _____

Your relationship to
the person applying _____

Name of the person applying to the Fund _____

National Insurance number

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Declaration

The information provided on the form is true and accurate

I consent to the Independent Living Fund (2006) ("the Fund") giving information I have provided about the benefits I receive to the Department for Work & Pensions ("DWP") and making any necessary enquiries with the DWP to check that this information is correct. I understand that I may have provided this information at the time of my application to the Fund or at any other time during my relationship with the Fund. I agree that the DWP may carry out any necessary processing to check that this information remains correct and may tell the Fund about any relevant changes. I understand that, where the DWP tells the Fund about changes, the Fund will use this information to check whether I am eligible to continue receiving payments from the Fund.

Signature _____ Date _____

Please now check the information that you have given on the form to make sure that it is accurate and complete. When you are satisfied that you have filled in all of the necessary sections please pass the form to your Local Authority Social Worker so that they can fill in Part Two of the form.

FOR OFFICE USE ONLY ILF REFERENCE NUMBER _____

Part Two. To be completed by a Local Authority (LA) Social Worker or LA representative.

Please read the following information before completing the rest of this form. The notes are on tear-off sheets for you to keep for future reference.

Part Two of the form needs to be completed by a Local Authority Social Worker, or by someone who has the authority to commit the Local Authority to an expenditure of at least £16,640 per year (£320 per week) (net of any charge to the service user).

Please check that the information provided in Part One (the applicant's part) of the form is complete and accurate before filling in Part Two. **In particular, please make sure that the declaration in section 8 has been signed either by the applicant, their benefits appointee or Power of Attorney. We cannot accept this form if it has not been signed, or has been signed by someone other than the above.**

The person completing Part Two of the form should ideally be someone who knows the applicant and will be able to answer any enquiries that the Fund may need to make.

It is helpful if the person completing Part Two of the form has already discussed a care plan with the applicant and has calculated the cost of the Social Services part of the care package. This can help prevent delays.

Please make sure that you have explained to the Fund applicant, or to their representative where necessary, that an application to the Fund is being made. Please make sure that they understand the purpose of the Fund and what will happen after the application is made.

If you feel that the person applying to the Fund has unusual circumstances which may have a bearing on the application process, please tell us about them in a covering letter. This will help avoid delays in the application process. The more information you are able to provide, the less chance there is of an inappropriate application progressing and raising the applicant's hopes unnecessarily.

What happens next?

The joint assessment visit

If this application form has been completed correctly, and the Fund has checked that the qualifying criteria have been met, the Fund will arrange for its Independent Living Fund Assessor (ILFA) to carry out a joint care assessment involving the applicant and the Local Authority Social Worker. The Fund will contact the person nominated to carry out the assessment visit in Section D of this form to agree arrangements for the visit.

Minimum Local Authority provision

The Fund can only make a contribution to the overall care package if the services or direct payment provided by the Local Authority are a minimum of £16,640 per year (£320 per week), net of VAT and of any client contribution. If the Local Authority has been providing services to the value of more than £16,640 per year (£320 per week) for more than 3 months prior to the application being made, the Fund expects the Local Authority to continue to provide services to that level or equivalent.

Maximum ILF contribution

The maximum contribution the Fund is able to make to the overall care package is £455 per week.

Maximum overall cost of the care package

The maximum total cost of the care package is £785 per week, net of any contribution made by the applicant. This means that the Local Authority must be making a contribution of £330 per week if the ILF is making the maximum contribution. ($£785 - £455 = £330$)

Please note that care packages over £785 per week can be considered if the funding over £785 is coming from another source, ie Health Authority. Please telephone the Fund to discuss this if you have any queries about how the cost of care packages can be worked out.

Joint commissioning

If the Local Authority is working together with the Health Authority under joint commissioning arrangements involving pooled budgets, the Fund will ask for each of the proportions of Health and Social Services funding. The Fund will accept only the Social Services proportion as contributing to the £16,640 per year (£320 per week) minimum Local Authority contribution. If joint commissioning applies in your Authority, and you have any queries about this, please telephone the Fund's LA Liaison team for further advice.

Filling in the form

Please complete all of the sections in Part Two of the form. Please use a black pen and block capitals where possible. The form cannot be accepted until all of the sections in both Part One and Part Two of the form have been completed. If you have got any questions about filling in the form, or would like to discuss the circumstances of the application before sending in the form, please telephone the Fund's LA Liaison team and a member of staff will be happy to help.

Section 117

When someone is entitled to care under Section 117 of the 1983 Mental Health Act, all their care needs at the point of discharge from hospital should be covered by the aftercare plan. The Health Authority and the Social Services Department have a duty to meet the needs free of charge, as stipulated in the Law Lords decision in 2002.

If further needs outside the scope of the aftercare plan have arisen since the aftercare plan was drawn up, it is possible for the ILF to consider these extra needs in the normal way if the first £320 of the extra needs is covered by Social Services.

Please enclose with this application form:

A a copy of the aftercare plan at the point of discharge under Section 117

B details of additional care needs unconnected with this plan which have arisen since that date.

Section A – Eligibility

Applicant's name _____

Is the applicant receiving the Highest Rate Care Component of Disability Living Allowance or do they have an underlying entitlement to the Highest Rate Care Component of DLA?

Yes

☐

Yes

☐

Does the applicant meet the Fund's eligibility criteria?



No

☐

Does the applicant currently receive aftercare under Section 117 of the Mental Health Act 1983?



No

☐

Is the applicant currently subject to a compulsory treatment order under the Mental Health (Care & Treatment) (Scotland) Act 2003?



No

☐

Has the applicant ever been resident in a long stay hospital?

No

☐

Sorry the Fund cannot accept the application

No

☐

Sorry the Fund cannot accept the application

Yes

☐

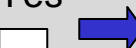
Please refer to the notes about Section 117 on page 26 and send required documents with this application.

Yes

☐

Sorry the Fund is unlikely to be able to help you.

Yes

☐

Please answer questions in section B

Please go to Section C

Section B - Long Stay Hospitals

The following questions must be answered in any case where the applicant has ever been a resident in a Long Stay Hospital.

Has the applicant been living in the community, for example with relatives for at least 6 months

No

☐

Yes

☐

Please go to Section C of the application form

Is the applicant moving from local authority funded residential care (where they have been residing for at least 6 months) to independent living?

No

☐

Yes

☐

Please go to Section C of the application form

Is the applicant moving to independent living from a nursing home funded partly by the NHS and partly by the local authority where they have been residing for at least 6 months?

No

☐

Yes

☐

Please go to Section C of the application form

Is the applicant moving directly from a long stay hospital to independent living?

No

☐

Yes

☐

Sorry the Fund cannot accept the application

Is the applicant moving directly from NHS Campus accommodation to independent living?

No

☐

Yes

☐

Sorry the Fund cannot accept the application

Is the applicant moving directly from a nursing home placement fully funded by the NHS to independent living?

No

☐

Yes

☐

Sorry the Fund cannot accept the application

Please go to Section C

Section C – The Care Package and Local Authority contribution

Have you assessed the applicant as requiring services or Direct Payments jointly with the ILF to the value of at least £26,000 per annum £500 per week (gross of any client contribution) OR is the applicant in remunerative work of at least 16 hours per week?

Yes

☐

No

☐

Sorry the Fund cannot accept the application

Please provide a breakdown of the expected care package on the SSD1000 form

Have you agreed with your Department that it is able to provide services or a Direct Payment to the value of at least £16,640 per annum/£320 per week net of any client contribution?

Yes

☐

No

☐

Sorry the Fund cannot accept the application

Please provide a breakdown of the expected care package on the SSD1000.

Have you assessed the total joint care package between the Fund and LA as being £785 per week or less?

Yes

☐

No

☐

Sorry the Fund cannot accept the application

Have you discussed the application with the applicant and talked about what the overall care package will be?

Yes

☐

No

☐

Please discuss it with the applicant before submitting the form

Please continue on the next page

If the application is successful, is it likely that the joint care package will continue for at least 6 months?

Yes

☐

No

☐

If the application may not continue or be stable for at least 6 months, we will contact you for more information

Please go to Section D

Section D – The joint assessment visit

What is the name of the person who will accompany the Independent Living Fund Assessor to the joint assessment visit? (Block Capitals)

Mr / Mrs / Miss / Ms (please delete as appropriate) _____

What is their position or title? _____

What is their contact address? (Block Capitals)

Post Code _____

Telephone number
(please include area code) _____

Fax number _____

E-mail address _____

If they work part-time, please give an idea of their working pattern (eg "unavailable Thursdays" or "pm only").

Section E – Declaration

Please note that this form cannot be accepted unless the following declaration has been signed.

I support this application to the Independent Living Fund (2006). I have discussed the application with the applicant and/or their representative and made them understand the purpose of the application. I certify that to the best of my knowledge, the information provided about the applicant named on this form is true. I certify that to the best of my knowledge the information provided about my Department on this application form is true.

Signature _____

Date _____

Name in block capitals _____

Local Authority _____

Position within Authority _____

Office address _____

Telephone number _____

Fax number _____

Please now send this Application Form along with the completed Financial Information Form, SSD1000 and all associated documents to:



**The Independent Living Funds
PO Box 7525
Nottingham
NG2 4ZT**

Our contact details are:

**Telephone 0845 601 8815 or 0115 945 0700
(Lines open Monday to Thursday 9 am – 4.30 pm
Friday 9.00 am – 4.00 pm)**