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**Carmarthenshire Housing With Care Fund - Application Form**

**Closing Date For Applications: 28th February 2025\***

The Carmarthenshire Housing With Care Fund is for unpaid carers to apply for funds to purchase goods/services to assist in their caring duties, or improve wellbeing. Applicants can apply for up to £1000. Applicants can apply for goods/services under the following criteria:

* Repairs, refurbishments, and improvements to their home which are regarded as existing housing with care settings.
* Equipment and minor adaptations to improve existing setting, which are not supported by other Welsh Government adaptations grants (such as provision of storage space for equipment and mobility vehicles or wheelchairs)
* Digital aids, monitoring and assistive technologies.

For carers to benefit from the funding they must match one of the following criteria:

* Unpaid Carers who provide more than 50 hours of care a week within their home.
* Carers who are in receipt of Carers Allowance.
* Carers of Older Adults (people aged over 55).

Only one application can be submitted per carer/household caring for the same individual.

Section 1

Are you a carer filling in this form on behalf of yourself/household?

Yes

No

Are you a professional (trusted referrer) filling in this form on behalf of a carer?

Yes – Please give details of yourself and your organisation below

No

Details of referrer/organisation, if applicable:

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If you are a referring organisation, please state who we should contact in regards to any questions or correspondence about the application:

Applicant

Referrer

Do you live, or does the person you are caring for, live in Carmarthenshire?

Yes

No

Section 2

|  |  |
| --- | --- |
| Full name of applicant: |  |
| Address including postcode: |  |
| Date of birth: |  |
| Telephone number: |  |
| Email: |  |
| Preferred method of contact:Email/Phone/Post |  |

What language would you like us to use when we contact you?

English

Welsh

Don’t mind/ bilingual

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| Do you have any additional communication needs that we should know about? Please give details below.  For example:  *Do you need to be contacted in a certain way (e.g. via email instead of on the phone)? Do you need information in a different format (e.g. large print or easy read)? Do you need additional support to communicate (e.g. hearing aids, lip reading or British Sign Language interpreter or communicator)?* |

Section 3

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| Who do you care for? |

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| What goods/services are you applying for? (These must not already have been purchased)  You will need to submit pricing information/invoice with your application. Please see details below.  **\*\*\*\*\*Please note you will need to keep all receipts as Carmarthenshire County Council reserve the right to request sight of them for audit purposes \*\*\*\*\*\*\*\*** |

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| Total amount requested: £ |

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| Any Other Information: |

**If your application is approved, the Carers Fund money will be paid direct to the business or sent to you in the form of vouchers.**

**For items/goods, payment will usually be made in the form of an e-voucher. Please ensure the business you are buying from will issue either a voucher (e.g Argos, Amazon, Currys, B&Q) or provide an invoice with BACS details for us to pay them directly. This must be submitted with your application.**

**If you are requesting a voucher, you must send pricing information of the items applied for. This can be screenshots of items (pricing must be included), weblinks to items, catalogue information etc.**

**Section 4: Terms and conditions:**

Please read these terms and conditions carefully before submitting the application.

1. The Carers Fund is for the Carer to buy something that helps to improve their wellbeing.
2. The Carers Fund money **cannot** pay for something that has already been paid for before the application has been approved.
3. Carers must spend the Carers Fund money on the things that the approval has been given for. This will be the item listed on the application.
4. If the Carers Fund money is spent on something that has not been agreed, it will need to be paid back to the Council.
5. The Carers Fund money **cannot** be used to buy things from friends, family or neighbours etc (unless they are a sole trader).
6. The Carers Fund money **cannot** be used to buy things from private sellers.
7. The carer must provide receipts/ invoices to the Council if requested to for audit purposes. If receipts are not provided, the Carers Fund money will need to be paid back to the Council.
8. The Council are not liable for any injury or damage caused by things bought with the Carers Fund money.

**Section 5: How will your information be used?**

Age Cymru Dyfed :

* will collect, store, and use information in this application and any information

you give afterwards to process and consider the application

* will contact you to discuss the application and get more information if necessary.
* may use comments or feedback that you give about the Carers Fund to promote the fund to others or to evaluate and report on the Carers Fund.
* Will share your information with Carmarthenshire County Council as part of the programme and reporting on how funds are spent.
* You can ask for your details to be removed at any time.
* You can see Age Cymru’s Privacy notice on [Age Cymru Dyfed | Privacy policy (ageuk.org.uk)](https://www.ageuk.org.uk/cymru/dyfed/privacy-policy/). The privacy notice describes how the organisation collects, uses and stores your personal information. You can also contact Age Cymru Dyfed on 03333 447 874

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**Please ensure that you have completed all of the following before submitting your application:**

**All sections of the form have been completed. If you have any questions regarding completing the form/pricing information etc, please contact us before submitting your application.**

**Tel: 03333 447874 Email: reception@agecymrudyfed.org.uk**

**Attached pricing information/invoices of goods/services requested.**

**Signed declaration.**

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**Section 6: Submitting your application**

By submitting this Carers Fund application, you are agreeing that the following statements are true:

* The information I have given in this application is correct.
* Any extra information I am asked to give after submitting this application will also be correct.

I have read and understand the terms and conditions and agree to them.

I agree to my information being used as described in section 5.

Signature (enter name if completing electronically)

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Date

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**Please check that you have answered all questions before sending your application**

Please email your application to: [reception@agecymrudyfed.org.uk](mailto:reception@agecymrudyfed.org.uk)

If you would like to post your application, please send to the address below:

Age Cymru Dyfed

Units 5 - 11

LEC Workshops

100 Trostre Road

Llanelli

Carmarthenshire

SA15 2EA

\* We will process your application and contact you to confirm if you have been successful. Please note, this may take several weeks due to volume of applications.  The fund is offered on a first come basis, and once the funds have been depleted the offer will close. This may be before the application closing date.