

CONFIDENTIAL



CYSTIC FIBROSIS TRUST SUPPORT SERVICE

APPLICATION FORM

FOR ASSISTANCE WITH FUNERAL EXPENSES

We are sorry to hear about your bereavement. The CF Trust has a limited fund that enables us to offer financial help. All requests are considered and every effort is made to be of assistance. (Unfortunately we are only able to help with basic funeral costs). **Please obtain an endorsement from a health professional, preferably someone who was involved in supporting the person with CF.** Grants are made payable by cheque, preferably to the Funeral Directors, in some cases the cheque can be made payable to the individual requesting the grant. Evidence of cost is required where possible. If you have any queries or difficulty with this please do not hesitate to call the Welfare Grants Officer:
☎ 0300 373 1020.

Name of applicant:.....

Address of applicant:.....

.....**Post Code:**.....

Daytime Telephone number (in full):.....

Name of person with CF who has died:.....

Their Address (if different from above):.....

.....**Post Code:**.....

Their Date of Birth:.....**Date of Death:**.....

Hospital(s) they attended:.....

Your relationship to this person:.....

Amount requested:.....**Total cost of funeral:**.....

Cheque to be made payable to:.....



11 London Road, Bromley, Kent BR1 1BY
Tel: 020 8464 7211 • Fax: 020 8313 0472 • www.cftrust.org.uk

Patron: HRH Princess Alexandra, the Hon. Lady Ogilvy, KG, GCVO President: Duncan Bluck CBE
Cystic Fibrosis Trust registered as a charity number 1079049
A company limited by guarantee registered in England and Wales number 3880213
Registered office: 11 London Road, Bromley, Kent BR1 1BY

Are you in receipt of Income Support? YES/NO

Have you approached the SOCIAL FUND, FAMILY FUND or other charity such as REACT for help? YES/NO

If yes did how did they respond?.....

I confirm that the information given on this form is correct.

Applicant's signature:.....Date:.....

Please obtain a supporting health professional's signature (eg. Social worker or member of the CF clinic team)

.....Date:.....

Job title:.....

Full Address:.....

.....Postcode:.....

Daytime Telephone number:.....

Supporting information (if appropriate):

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PLEASE ATTACH A COPY OF THE INVOICE OR BILL FOR THE FUNERAL (IF POSSIBLE) AND RETURN THIS FORM, MARKING THE ENVELOPE 'PRIVATE & CONFIDENTIAL', TO THE WELFARE GRANTS OFFICER: CYSTIC FIBROSIS TRUST, 11 LONDON ROAD, BROMLEY, KENT, BR1 1BY

For office use only				
Budget No.	Amount	Adult/Child	Region	Alms ref.
Recommended by:				
Authorised by:				
Decision Date:			Cheque No:	
Made payable to:			Date sent:	