

PRESBYTERIAN CHURCH IN IRELAND

OLD AGE FUND, WOMEN'S FUND & INDIGENT LADIES' FUND

Exceptional Needs Grants

Criteria

Consideration will be given for a one off grant for

- (i) a range of activities and/or
- (ii) to assist in the purchase of equipment and services.

These items are those that are not normally covered by normal statutory benefits, allowances or grants. All payments will be restricted to a maximum grant in each of the categories. Existing beneficiaries are eligible to apply but Applicants do not need to be recipients of an annual grant.

The Maximum grant available in any one year shall not exceed the Annual Grant paid to beneficiaries.

Travel Allowances

- To enable individuals to visit a close relative in hospital or in their own home.
- To enable individuals to attend the funeral of a close relative.

Laundry and Household Equipment

- To assist households where there is a need for constant washing of clothes and bedding as a consequence of a medical condition.
- For the purchase of a washing machine or dryer.
- To assist in the installation of shower or temperature control devices.
- The purchase of other household items that is essential for the welfare and health of the individual – microwave – heaters – cookers etc.

Specialist Medical / Disability Aids and Equipment

- To assist in the purchase of wheelchair, walking aid, bath aids and similar as recommended by Medical, Nursing or Occupational Therapy staff.
- To assist in the fitting of safety equipment, hand rails, alarms, safety guards etc, as recommended by Occupational Therapy.
- To assist in the purchase of specialist furniture, chairs, foot rests, beds etc.

Security and Safety

- To assist with the installation of Burglar Alarm as recommended by Crime Prevention or Community Safety.
- To purchase and fit a smoke alarm.
- To assist in the installation of a Personal Alarm / Call System linked to a national call centre - Age Concern etc.

Energy and Environment

- Purchase of long life light bulbs.
- Draft proofing and insulation of homes.
- Replacement boilers and heating appliances.

Respite Care

- Payment for a maximum of two weeks Respite Care or period of convalescence.

Note: Application may also be made for other items and services outside these categories.

EXCEPTIONAL NEEDS GRANTS

NAME _____

Please provide details of the nature of the financial assistance you require under the appropriate heading below, including the weekly costs incurred.

1. **Travel Costs**
(Detail reason for travel and estimated cost)

2. **Laundry & Household Equipment**
(Outline why the equipment is required and an estimated cost and installation costs)

3. **Specialist Medical / Disability Aids & Equipment**
(Detail equipment required, the estimated cost and request from GP, Nurse or Occupational Therapist)

4. **Security and Safety Equipment**
(Detail the alarm or locks required and estimated cost and installation cost.)

5. **Energy & Environmental**
(Detail insulation, draught exclusion that has to be carried out. Estimated cost and Grant already applied for?)

6. **Respite Care**
(Outline dates required and estimated costs. Name of Home / Unit where Respite has been reserved)

7. **Other Exceptional Needs (detail as required)**

This form **must** be attached to the application form together with letter from relevant medical authority.