



**APPLICATION FORM FOR CHARITABLE ASSISTANCE  
FROM THE OVER THE MOON FOUNDATION**

Registered Charity No. 1121910

**ALL SECTIONS MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE PROCESSED**

Send to: Over the Moon Foundation, Millicent, Lurgashall, Petworth, West Sussex GU28 9EP

**FOUNDATION BUDGET INFORMATION**

Please read the following conditions before making an application:

**Conditions of Applications and Payments of Money, to be paid the Over The Moon Foundation**

Please note that as each family the Over The Moon Charity makes a charitable donation to, is treated as an individual case, there is not set formula for payments, and it is important that you give as much information as possible as to the breakdown costs and charges involved in your application.

Without an accurate breakdown of costs it is impossible for the charity to make a donation.

No monies can be paid to the families, but must be paid direct to companies, Doctors or Hospitals for treatments, equipment etc. on receipt of adequate quotes and receipts, to be approved by the charity's board of trustees.

The final decision of the amount of any payment rests with the Trustees of Over The Moon Foundation, and should be considered as a full and final settlement.

Please be aware that once an item has been ordered, if there are any queries regarding the delivery or the item itself, it is the responsibility of the recipients themselves to contact the supplier directly, rather than the responsibility of Over The Moon.

Finally, it is important to note that each offer of funding is only valid for a period of two months. If once the offer of funding has been made and any relevant information has not been provided, the offer of funding will no longer remain available.

TOTAL AMOUNT OF FUNDING REQUIRED .....

DESCRIPTION OF WHAT IS REQUIRED .....

.....

EXACT LINK TO ITEM TO BE PURCHASED .....

CONFIRMATION THAT THE ITEM IS IN STOCK.....

TREATMENT .....

ANY OTHER COSTS .....

.....

.....

SIGNATURE .....DATE.....

**PROOF OF ENTITLEMENT**

PLEASE PROVIDE PROOF THAT YOU OR THE FAMILY YOU REPRESENT HAVE EVIDENCE OF ENTITLEMENT TO ANY ONE OF THE FOLLOWING: *(Please tick all those that apply)*

- UNIVERSAL CREDIT
- CHILD TAX CREDIT
- WORKING TAX CREDIT
- INCOME-BASED JOBSEEKERS' ALLOWANCE
- INCOME RELATED EMPLOYMENT SUPPORT ALLOWANCE
- INCOME SUPPORT
- HOUSING BENEFIT
- PENSION CREDIT
- YOUR CHILD OR YOUR PERSON (UP TO THE AGE OF 21 HAS A HIGH LEVEL OF ADDITIONAL SUPPORT NEEDS ARISING FROM A LONG TERM DISABILITY OR DISABLING CONDITION OR A SERIOUS OR LIFE LIMITING ILLNESS. *(By long term we mean lasting or likely to last 12 months or more.)*

SIGNATURE .....DATE .....

**PARENT'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

ADDRESS .....

..... COUNTY.....

POSTCODE..... COUNTRY.....

TEL NO ..... MOBILE NO.....

EMAIL .....

PLEASE TICK TO CONFIRM THAT THIS HAS BEEN DISCUSSED AND AGREED WITH THE FAMILY

**CHILD'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

DATE OF BIRTH ..... AGE .....

ADDRESS .....  
*if different from above*

COUNTY ..... POSTCODE .....

**MEDICAL CRITERIA FOR ELIGIBILITY** .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

*Please use reverse of form if not enough room*

**PLEASE EXPLAIN WHY THIS ITEM WILL MAKE A DIFFERENCE** .....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

*Please use reverse of form if not enough room*

**DOCTOR'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

PRACTICE ADDRESS .....

.....

..... POSTCODE.....

TEL NO .....

EMAIL .....

**CONSULTANT'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

HOSPITAL ADDRESS .....

.....

..... POSTCODE.....

TEL NO .....

EMAIL .....

**SOCIAL WORKER'S DETAILS**

TITLE ..... FORENAMES .....

SURNAME .....

ADDRESS .....

.....

..... POSTCODE.....

TEL NO ..... MOBILE NO.....

EMAIL .....

**PLEASE SEND THE COMPLETED FORM TO:**

Over the Moon Foundation, Millicent, Lurgashall, Petworth, West Sussex GU28 9EP