**No Child Cold– Fuel Poverty Payments (Application Form)**

Purpose

Small grants will be given to residents who have higher fuel bills because children are at home; fuel is used to heat the home which would otherwise not be the case if children were at school.

Criteria

The “No child cold” scheme aims to:

* Support energy consumers with school aged children (4-18)\* in the household by giving a small grant to residents who have higher energy costs and where school aged children had to stay at home during the winter period as a result of Covid-19 school closures. This is to help cover the additional fuel costs incurred to heat the home when children would usually be in school.

Recipients will live in a household where at least one of the following applies:

* household income, of those responsible for bills, has fallen due to a reduction in wages, either because of a reduction in working hours, a loss of regular overtime or a member of the household has been furloughed.
* The family is a low-income household (defined as being in receipt of UC, tax credits or other income related DWP / local authority benefit) and fuel costs have increased as a result of children being at home because of school closures.
* The family live in a household where the child would be entitled to free school meals and fuel costs have increased because the children have had to stay at home because of school closures.

Funding

The maximum grant value will be £80.00. This may be split, as the client wishes, between gas and electricity. This is a one-off payment. Only one application is permitted, per household, between January 2021 and 31st March 2021.

\*A child should be school aged but may have education delivered at an FE college or other recognised institution.

|  |  |
| --- | --- |
| **Client Name:** |  |
| **Number of Children in Household:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Contact telephone number:** |  |
| **Mobile Phone Number:****(11 digits)** |  |
| **E-mail Address:** |  |
| **Is mobile or e-mail the preferred way to receive the necessary code (if using Paypoint?** |  |
| 1. **Permission to record and use your personal information**

To help with your enquiry we may need to record details of your case. Please confirm you have asked for permission from the client, for CAB and BMDC to record and use their personal information in this way. **I (The client) agree to the Citizens Advice service & Bradford Metropolitan District Council** **recording and using my personal information ☐ ​Yes​** **☐ ​No**  1. **Permission to share information for the purposes of processing this application**

We need trusted organisations to help us to process this application.  We need the client’s permission to share their contact details with those trusted organisations so that their application can be processed. We only share what is absolutely necessary.     **I (The client) agree to the Citizens Advice service and Bradford Metropolitan District Council sharing my personal information with organisations so that this application can be processed, on my behalf** **☐ ​Yes** **​ ☐​ ​No**  |
| **Name of Gas Supplier:** |  |
| **Amount applied for (Gas):** | **£** |
| **Does client have a Pre Payment / Pay as you go Meter or make payments via PayPoint?** | **Yes/No** **Can the Meter be topped up online?** |
|  | **Meter Key Number:** |
|  | **Meter Card number:** |
| **Does the client pay their Gas bill via the Bank / Post Office?** | **Address of gas supplier:** |
|  | **Sort code of gas supplier:** |
|  | **Account Number of gas supplier:** |
| **Name of Electricity Supplier:** |  |
| **Amount applied for (Electricity):** | **£** |
| **Does client have a Pre Payment / Pay as you go Meter or make payments via PayPoint?** | **Yes/No** **Can the Meter be topped up online?** |
|  | **Meter Key Number:** |
|  | **Meter Card number:** |
| **Does the client pay their Electricity bill via the Bank / Post Office?** | **Address of Electricity supplier:** |
|  | **Sort code of Electricity supplier:** |
|  | **Account Number of Electricity supplier:** |
| **Agency Making Referral:** |  |
| **Name of Worker making Referral:** |  |
| **Referring Agency’s e-mail address:** |  |
| **Date Referral Made:** |  |
| **Date Payment Processed:** |  |

**Please return this form to** **admin@bradfordcab.com**