

Kidderminster Aid in Sickness Fund

Charity No. 210586

SUPPORTING INFORMATION FOR KAIS FUNDS

ALL SECTIONS MUST BE COMPLETED

Surname of Applicant:	First Names of Applicant:
Supporting person's name (including job title):	
Supporting person's Organisation:	
Address:	
Contact Telephone Number:	
Email address:	
Essential information about the applicant's illness, disability or situation. (Please provide the most comprehensive information you can, plus covering letter from a professional giving background situation, this will help with assessment and speed up the application process):	
Application is for (eg. Equipment, please provide detailed quotes and detailed breakdown of costs, where possible please consider second hand equipment):	
Total amount requested:	
Any other information relevant to application (the more comprehensive and full the background information you can provide, the quicker this application can be assessed):	

I declare that the information I have given is true and I have not withheld any relevant information. I understand that any false statement contained in this application may deprive me of all benefits from the Trust both now and in the future.

Signature of the supporting person:.....Date:.....

Reply to: Clerk to the Trustees, Kidderminster Aid in Sickness Fund, c/o mfg Solicitors, Adam House, Birmingham Rd, Kidderminster, DY10 2SH.