

**UHSussex Cost of Living Crisis Support Grants**

Guidance &

Application Form

University Hospitals Sussex

Cost of living Crisis Support Grants

Employee Guidance and Application Form

1. Introduction

The purpose of this guideline & application form is to inform staff how to access grants from the hospital charity fund that have been put in place to support with Staff Welfare and when staff find themselves in financial crisis. The support offered is:

* Access to food/supermarket vouchers for those in financial crisis of up to £50 per month for up to 12 months per year (assigned in blocks of 3 months if appropriate).
* One-off support for unexpected and significant items of expenditure or support for a drop in income due to unexpected circumstances (up to a maximum of £500 gifted in vouchers).

2.0 Scope

This guidance applies to all requests into the fund for cost of living crisis support. Grants may be considered for items/circumstances such as:

* Unexpected / unforeseen expenses eg white goods replacement, emergency dental work, boiler breakdown and repair.
* A sudden drop in income, eg loss of income from a partner.
* Running out of money to buy food eg at the end of the month

This fund does not cover general requests for Wellbeing support such as staff room upgrades or Team away days. It does not offer loans, please visit the wellbeing website for access to our Credit Union ([www.UHSussex.nhs.uk/wellbeing/](http://www.UHSussex.nhs.uk/wellbeing/)). For a full list of restrictions to the fund please see Appendix A.

3.0 Eligibility

A grant from this fund is available to staff working for University Hospital Sussex NHS Foundation Trust, including colleagues who are predominantly employed via the staff Bank, who have been actively working at the Trust in the last six months at the time of applying.

What this means is that to be eligible you need to be:

* Employed by UHSx either substantively or on the staff bank, with a minimum of one month’s service.
* UHSx is your main source of income and work.

If you are a Bank worker only, you will need to have undertaken Bank work for UHSussex within in the last six months of the date of your application and this work is your main source of income.

Staff who apply must be prepared to disclose information to assess their eligibility and to help the Trust direct them to other possible sources of help and support.

4.0 What are the grants and support available for?

The grants are to provide one-off help to relieve short-term need because of:

* A sudden recent unexpected drop in household income OR
* An unexpected expense that will cause significant financial crisis or distress (awards of up to £500 per year)

In addition, supermarket vouchers are available for inability to afford general cost of living rises. These are to cover basic necessities such as food, clothing, heating for yourself or your family/dependents. This includes £50 per month supermarket vouchers up to 12 per year. Issued in 3 month blocks if appropriate.

To ensure individual monthly benefits, income and tax contributions are unaffected, all payments will be issued in the form of electronic vouchers. Depending on the need, successful applicants will have the option to choose from a variety of supermarkets or retailers. For specific services unable to be paid via vouchers (eg unexpected emergency dental work) or if the unexpected expense has already been paid for, applicants will be issued vouchers for supermarkets to enable household funds to be freed up and redistributed to recoup for the unexpected expense.

Applications are encouraged from any member of staff who is in genuine financial crisis.

The Trust works with wave Comminuty bank (Credit Union) to provide staff with 121 money management support, signposting and advice. All staff applying for the Crisis Grant Fund will receive a referral to speak with our Financial Wellbeing Support Officer as part of the application process. In addition, support, advice, tips and helplines are available via our Wellbeing Website ([www.UHSussex.nhs.uk/wellbeing/](http://www.UHSussex.nhs.uk/wellbeing/)). The website can be accessed from a Trust or home computer or via your mobile phone web browser.

5.0 How will applications be assessed?

When considering whether to award a grant, an assessment will be made of the severity of the financial crisis reported and the applicant’s current financial circumstances, which will need to be disclosed.

This includes total monthly household income after Tax/NI (including any partner income) and total monthly outgoings including rent/mortgage, utility bills, council tax, monthly food cost, travel to work, childcare, support to family not living with you, entertainment subscriptions, loans, clothing, any other monthly outgoing (see appendix 2 for more detail). Evidence will also be required and assessed to show unexpected expenditure (receipt of item/service) or proof of drop in income. Assessments will be considered by a panel (the Crisis Support Grant Panel).

Staff members will also be expected to access advice and support to help resolve and manage the crisis. The Trust will support this by booking a follow up appointment with our Financial Wellbeing Support Officer.

To maintain the staff member’s confidentiality there will be no interaction between the applicant and the Crisis Support Grant Panel. Personal data supplied will be used to confirm employment with the Trust and access to this will be limited to the fund administrator and the Trust’s Engagement, Health and Wellbeing Team. Role, banding and equality monitoring information will be captured and shared as part of the evaluation and monitoring of the uptake of the scheme. No individual data or data whereby an individual can be identified will be shared.

6.0 Grants and how to apply

Applications will be considered on the basis of the information provided on the application form (attached below) and the supporting evidence, therefore as much information as possible should be included to explain the situation. Any additional supporting documentation (receipts, payslips, other relevant information) must be attached to the application for it to be considered.

**One off support**: Electronic Vouchers up to £500 per person per year with no more than two applications per year.

Applicants must demonstrate either they have had an unexpected expense which will put them in financial difficulty OR a recent sudden unexpected drop in household income for circumstances out of their control (this does not include those off sick from work who have dropped into half or no pay or those on parental leave).

Evidence will need to be provided to support applications. This can be a receipt for the unexpected expense or wage slips to verify the drop in income. This must accompany any rationale explained on the application. Full incoming and outgoing household income information must also be included (see Appendix 2). Applications without the correct information or supporting evidence cannot be considered and may cause delays to the consideration of the application.

Depending on the need, successful applicants will select from a range of supermarkets or suitable retailers that meet the need of their expense. For specific services unable to be paid via vouchers (eg unexpected emergency dental work) or if the unexpected expense has already been paid for, applicants will be issued vouchers for supermarkets to enable household funds to be freed up and redistributed to recoup for the unexpected expense.

Applicants have the option to receive their voucher via email or smartphone. If a staff member is unable to receive their voucher electronically it can be collected from the Health and Wellbeing Team who will arrange for it to be printed.

**Supermarket Vouchers**: 1 x £50 voucher per month (maximum of 12 applications per year).

In circumstances where the panel feels the applicant is under significant pressure from cost of living pressures, blocks of 3 months worth of vouchers (£150) will be issued. This is at the discretion of the panel. Applicants receiving 3 month’s worth of vouchers in one allocation will be unable to reapply for the remaining vouchers for 3 months.

Supermarket Vouchers will be supplied electronically through evouchers. Staff are able to select one of 10 supermarkets to redeem their voucher.

Applicants have the option to receive their voucher via email or smartphone. If a staff member is unable to receive their voucher electronically it can be collected from the Health and Wellbeing Team who will arrange for it to be printed.

Grant requests are open to all staff (as above) but for supermarket vouchers we would not expect requests from staff above Band 7 unless in exceptional circumstances.

Grants are subject to funds being available and the fund may close to applications if there are insufficient funds to make an award.

For ease of completion, applications should be submitted using the electronic form [(Click here)](https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO41lUKBbb2ZJJshJdqT6e2IJUOUJQVlBFOFdQTUZWNE5PRFJXN1RUNUY0MC4u) The below paper form can also be submitted.

6.0 Grant Decisions

A panel (Crisis Support Grant Panel), agreed by the Charitable Funds Committee, will be responsible for considering applications. The panel will consist of a: Trust Directors, Health and Wellbeing Programme Manager, a Staff Side Representative, Chaplaincy Representative, Trust Charities Representative, a Finance Representative (observer). The applications will be considered in the strictest confidence and will be anonymised before consideration is given to protect the confidentiality and dignity of the staff member.

The panel will meet as required to process the applications, at least once per month unless there are exceptional circumstances for a more urgent meeting. The panel will meet virtually and with a quorum of three members. The panel administrator will notify the applicant of the outcome within 2 working days of the meeting,

Personal data will be limited to the Fund administrator and the Trust’s Engagement, Health and Wellbeing Team. Role, banding and equality monitoring information will be captured and shared as part of the evaluation and monitoring of the uptake of the scheme. No individual data or data whereby an individual can be identified will be shared.

If an application is rejected, an applicant cannot enter another claim for the same or circumstance. However, this does not prevent them from making further applications for other expenditure or of their circumstances change for the worse.

Where an application is successful, this does not prevent the applicant from making subsequent applications. Applicants are restricted to a maximum of two applications per financial year (up to £500) or one per month for a £50 food/supermarket voucher or every three months if £150 worth (3 months) of vouchers are awarded.

The grants are discretionary and there is no right of appeal to the decision. Each application and decision will be kept for a period of 6 years (in line with the Trust’s data protection policy) after the end of the financial year it is processed in. All supporting documents will be kept for 1 year after the end of the financial year it is processed in for audit purposes. All data will be kept where access is restricted to staff involved in the administration of the Fund.

7.0 Income tax and benefits

Individual’s Income Tax or Benefits allowance will not be affected. The Trust will pay any additional costs associated with the vouchers.

8.0 Monitoring

Non identifiable information will be provided to the Charity Committee in relation to grants awarded on a quarterly basis.

Process Flow

Appendix 1:

* The Crisis Support Grant Panel will consider applications to support staff in financial crisis as detailed above. All applications will be reviewed on an individual basis, however there are areas the fund will not offer Crisis Grants (up to £500), these are as follows:
	+ financial crisis arising from injuries or illness contracted at work as there are other arrangements in place for this (for more information please contact uhsussex.employee.relations@nhs.net)
	+ A drop in income due to half pay or no pay due to sickness, this process usually happens over the course of a prolonged period of time (6 months to 1 year) and in most circumstances will not be unexpected.
	+ A drop in income due to parental leave.
	+ Circumstances where staff may be sending significant amounts of their wages to extended family members/dependents not living in the same household which is putting them into hardship.
	+ Payment in relation to County Court Judgements, driving fines, parking fines or Covid19 related fines.
	+ Temporary increases in tax due to a change in tax code.
	+ Private school fees.
	+ Legal fees and the cost of legal representation.
	+ Medical or private health premiums.
	+ Mortgage/rent payments, catalogue or credit card debts.
	+ Personal loan repayments.
	+ Underpayment of income tax.
	+ Repayment in relation to Government benefits overpayments.
	+ Luxury items or expenses.
	+ Loss of or damage to your personal property that does not impact your safety or incur financial crisis.

Any other purpose which the Crisis Support Grant Panel deem inappropriate.

Appendix 2:

To process applications in a timely way, the following MUST be included on the application. If information is not included to allow an assessment of the severity of the financial crisis and the applicant’s current financial circumstances, the application will be returned to the staff member and cannot be processed or assessed until the information is provided and the application resubmitted.

This includes the following:

* Total monthly household income (including any partner income)
* Total monthly outgoings including, but not limited to:
	+ Rent/Mortgage,
	+ Utility bills (gas, electric, water)
	+ Council tax
	+ Monthly household food /household products spend,
	+ Travel to/from work
	+ Childcare costs
	+ Financial Support for family/friends not living in your household
	+ Prescriptions
	+ Entertainment subscriptions (TV licence, Netflix etc)
	+ Loans
	+ Clothing
	+ Any other monthly costs included in the outgoings

Evidence will also be required and assessed to show unexpected expenditure (receipt of item/service) or proof of drop income which must be included in the application.

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| --- |
| **COST OF LIVING CRISIS SUPPORT FUND APPICATION FORM** University Hospitals Sussex NHS Foundation Trust is able, through the Crisis Support fund, to offer support to individuals who find themselves suffering financial difficulty or crisis. Please read the full guidance (above) before making an application. Applications will be anonymised and considered on the basis of the information provided on the form (and any attachments) alone, therefore please ensure that you provide as much detail as possible when explaining your situation (see appendix 2), including any relevant additional documentation. There will be no discussion or dialogue with the applicant regarding the application. Please complete the application HERE [(Click here)](https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO41lUKBbb2ZJJshJdqT6e2IJUOUJQVlBFOFdQTUZWNE5PRFJXN1RUNUY0MC4u)For help in completing this form or to arrange for it to be in a different language please email **uhsussex.crisis-supportgrant@nhs.net**The easiest way to complete the form is online [(Click here)](https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO41lUKBbb2ZJJshJdqT6e2IJUOUJQVlBFOFdQTUZWNE5PRFJXN1RUNUY0MC4u). If it is not possible to complete the online application form, please fully complete the application below and submit to **uhsussex.crisis-supportgrant@nhs.net** |
| **Section A: Personal information***Mandatory Section* |
| I am a permanent staff member at UHSx with one month’s serviceYES / NO | I am on the UHSx Staff Bank with one month’s serviceYES / NOI have worked a Bank shift within the last six months. YES / NOMy last shift was: (add date)Is the UHSx Staff Bank your main source of income?YES / NO |
| Application Date: |  |
| Please provide your Name:  |  |
| Please provide your payroll number (can be found on your payslip): |  |
| Please provide your band: |  |
| Please provide your staff group |  |
| Please provide your Division: |  |
| Please provide your preferred email address: |  |
| Please provide your preferred contact number:  |  |
| **Section B: Supporting your application***Mandatory Section* |
| **Grant Request Type:** | **Please indicate:** |
| I am applying for a one-off Crisis Support Grant (up to £500) For an unforeseen sudden drop in household income due OR an unexpected expense only |  Yes / No*If Yes, complete Section C and E* |
| I am applying for a £50 Supermarket Voucher(3 months worth of vouchers (£150) may be issued in one block if deemed appropriate)For those struggling with cost of living rises and inability to afford basic necessities (food, hygiene products) |  Yes / No*If Yes, complete section D and E* |
| **Section C: One-off Crisis Support Grant (voucher)***Move to Section D if you are applying for a £50 Supermarket Voucher only* |
| How much are you applying for: (up to £500) | £ |
| **Please choose the most relevant reason for your application (1 OR 2, please DO NOT complete both):**   |
| 1. **I have recently experienced a sudden significant drop in household income and would benefit from supermarket vouchers to free up/redistribute my funds for other expenses.**

*If yes, please answer questions 1a to 1f and move to Section E**If no, please go to Section C Question 2.* | **Yes / No** |
| 1a. If Yes, please explain in detail why you have had a drop in income.Please see Appendix 1 of the 'UHSussex Crisis Support Grant Guidance' for a full list of circumstances the Trust cannot support. This includes drop in income due to parental leave or sick leave. Applicants MUST provide supporting evidence with your application, see guidance  |
| 1b. If Yes, how long have your been experiencing this reduction/difficulty?  |
| 1c. If Yes, what impact has the reduction in income/difficulty meeting expenses had on you?  |
| 1d. If Yes, please provide your current monthly household income/take home pay: (including any partner income) **after tax/NI** | £ |
| 1e. If Yes, please provide your previous monthly household income:(IE: before the drop in household income took place) | £ |
| 1f. What is your total monthly outgoing expense?Please tell us your combined monthly outgoings. Include: rent/mortgage, utility bills, council tax, food shop, childcare, support for family/friends not living in your home, loans, subscriptions, travel, *Add any other outgoing -* see Guidance Appendix 2 for more detail.Failure to provide this may result in delays to your application. | **TOTAL: £** |
|  |  |
| 1. **I have had an unexpected / unforeseen expenses and would benefit from supermarket vouchers to free up/redistribute my funds for other expenses or vouchers for a retailer suitable for my unexpected expense.**

*If yes, please answer Questions 2a to 2d and move to Section E**If no, please go to Section D.* | **Yes / No** |
| 2a. If Yes, please explain in detail your unexpected expensePlease see Appendix 1 of the 'UHSussex Crisis Support Grant Guidance' for a full list of circumstances the Trust cannot support, this includes flights and non-essential luxury items. The Trust cannot cover rent/mortgage payments (please use £50 Supermarket Voucher option for general cost of living increases)Applicants MUST provide supporting evidence (IE invoice/bill for the expense) with your application, see guidance  |
| 2b. Please provide details of why it is challenging for you to meet the unexpected expense (please provide as much detail as possible or supporting information)  |
| 2c. If Yes, please provide your current monthly household income/take home pay: (including any partner income) **after tax/NI** | £ |
| 2d. What is your total monthly outgoing expense?Please tell us your combined monthly outgoings. Include: rent/mortgage, utility bills, council tax, food shop, childcare, support for family/friends not living in your home, loans, subscriptions, travel, *Add any other outgoing -* see Guidance Appendix 2 for more detail.Failure to provide this may result in delays to your application.  | **TOTAL: £** |
| **Section D: £50 Supermarket Vouchers****I cannot afford basic necessities for my household (eg: food, clothing, heating) and would benefit from supermarket vouchers to free up/redistribute my funds for other expenses***Move directly to Section E if you do not wish to apply for a food/ supermarket voucher* |
| Please tell us why you are applying for a £50 supermarket voucher?(please provide as much detail as possible / supporting information) |
| If Yes, please provide your current monthly household income/take home pay: (including any partner income) **after tax/NI** | £ |
| What is your total monthly outgoing expense?Please tell us your combined monthly outgoings. Include: rent/mortgage, utility bills, council tax, food shop, childcare, support for family/friends not living in your home, loans, subscriptions, travel, *Add any other outgoing -* see Guidance Appendix 2 for more detail.Failure to provide this may result in delays to your application. | **TOTAL: £** |
| **Section E: Long term support** *Mandatory section* |
| Do you have friends or family\* who DO NOT live in your home, but for whom you provide financial support for on a regular basis?\*this **DOES NOT** include dependants (your spouse/civil partner, children, parents, as well as relatives, friends or unrelated children) who live in your home as familyYes / No If yes, Please tell us how much you are sending them per month?£Please provide the circumstances of the support:  |
| Can you tell us about steps you have taken to try to resolve the financial crisis or make longer term adjustments/plans? |
| Have you previously made an application to the fund?YES / NOIf yes: I was successful / I was unsuccessful *(please delete as appropriate)*If successful, please give details and payment amounts awarded: Date awarded:Amount: £*Please add more dates / amounts as required if you have been successful in more than one application* |
| Have you sort advice from any of these people or organisations?  Please indicate all that apply |
| Citizens Advice |  |
| Line manager |  |
| Employee Assistance Programme (VIVUP) |  |
| A union |  |
| Wave Community Bank (Credit Union) advisor |  |
| UHSussex wellbeing website (Financial wellbeing section) |  |
| None of the above |  |
| Other |  |
| The Trust works with a Financial Wellbeing Support Officer (from Wave Community Bank) to help with long term budgeting and advise. As part of this process, we will send your details to them to arrange an on site meeting for further support and signposting. Please let us know if you would prefer to opt out  |

**Authorisation**

I confirm that the information I have provided on this form is complete and correct and that if I knowingly provide false information this will be reported to the Trust’s counter fraud team.

Signed:

Date:

**Please complete the Equal opportunities monitoring below to enable us to capture information to support our inclusion priorities.**

**Equal opportunities monitoring**

All applicants should complete this part of the form and include with your application

These factors will not be taken into account when assessing your application.

**Please Indicate:**

|  |  |
| --- | --- |
| **ETHNICITY**  |  |
| **WHITE** | **BLACK OR BLACK BRITISH** |
| **A** | British |   | **M** | Caribbean |  |
| **B** | Irish |  | **N** | African |  |
| **C** | Any other White background |  | **P** | Any other Black background |  |
| **MIXED** | **OTHER ETHNIC GROUPS** |
| **D** | White and Black Caribbean |  | **R** | Chinese |  |
| **E** | White and Black African |  | **S** | Any other Ethnic Group |  |
| **F** | White and Asian |  | **NOT STATED** |
| **G** | Any other Mixed background |  | **Z** | Prefer not to say |  |
| **ASIAN OR ASIAN BRITISH** |
| **H** | Indian |  |
| **J** | Pakistani |  |
| **K** | Bangladeshi |  |
| **L** | Any other Asian background |  |

**Please indicate:**

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| --- |
| **GENDER** |
| Male |   |
| Female |  |
| Non-Binary |  |
| Prefer to self describe |  |
| Prefer not to say |  |
|  |  |
| Is your gender identity the same as the sex you were registered at birth? | Yes / No (Please delete as appropriate) |

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| **SEXUAL ORIENTATION** |
| Straight / Heterosexual |  |
| Gay or Lesbian  |  |
| Bisexual |  |
| Other sexual orientation |  |
| Prefer not to say |  |

**Please indicate:**

**Please indicate:**

|  |
| --- |
| **RELIGION** |
| No religion |   |
| Christian (Church of England, Catholic, Protestant, other denominations) |  |
| Buddhist  |  |
| Hindu |  |
| Jewish  |  |
| Muslim |  |
| Sikh |  |
| Other religion |  |
| Prefer not to say |  |

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| **DISABILITY** |
| I **DO NOT** have a physical or mental health condition, disability or illnesses that has lasted or is expected to last for 12 months or more |  |
| I **DO** have a physical or mental health condition, disability or illnesses that has lasted or is expected to last for 12 months or more |  |

 **Please indicate:**

**Please indicate:**

|  |
| --- |
| **AGE** |
| 16 - 20 |   |
| 21 - 30 |  |
| 31 - 40 |  |
| 41 - 50 |  |
| 51 - 65 |  |
| 66+ |  |

**Please send completed form to** **uhsussex.crisis-supportgrant@nhs.net**