

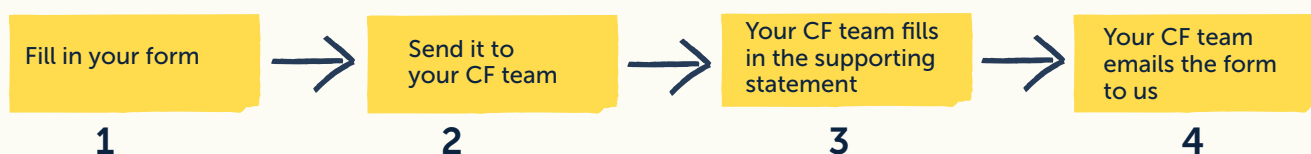
Edward W Joseph CF Home Care Grant Application form

EWJ Home Care grants focus on allowing people with CF to be at home safely, comfortably and receiving appropriate care with or from their families or loved ones.

You can apply for a one-off grant of £500 if you or your family are experiencing a period of significant stress or the person with CF is experiencing a period of particularly poor health, is listed for transplant, or is receiving palliative care. **Your application must be endorsed by your cystic fibrosis team and must meet the criteria below.** For more information on what these grants can be used to fund, please see **our website**.

Cystic Fibrosis Trust tries to ensure applications for grants are dealt with promptly and sensitively. We ask for detailed information in order to speed up your request. If you have any queries or difficulty completing this form, please do not hesitate to contact our Helpline on 0300 373 1000, by emailing helpline@cysticfibrosis.org.uk, or sending a WhatsApp message to **07361 582053**.

Application steps



Section 1: Eligibility

Here you need to show us that you are eligible for the grant. Please tick any that apply.

A. The family is experiencing a period of significant, additional stress (this could be due to family breakup, illness of other members of the family, loss of income, bereavement etc)

OR

B. The person with CF is experiencing a period of particularly poor health, is listed for transplant, or is receiving palliative care

AND

C. The need cannot be met through other statutory agencies or the NHS within an appropriate time frame

AND

D. The application is endorsed by the specialist CF team

You must meet criteria A or B as well as both criteria C and D, that means you must be able to tick A, C and D, or B, C and D.

Section 2: Your details

Here we need some details from you. The applicant is the adult or child with cystic fibrosis. We will contact you about your application, so please make sure this information is correct.

Applicant's name	
Applicant's address	
Applicant's date of birth	
Contact name (parent/carer if applying for a grant for someone with CF who is under 18)	
Contact email address	
Contact phone number	

Please tell us what you plan to use the grant for:

What is the amount you are applying for? (maximum of £500) £

Section 3: Payment details

Here we need your payment information

We pay all grants by BACS bank transfer as this is the quickest way to get the funds to you. Please provide the bank details of your chosen account below. If you do not have a bank account please contact our helpline.

Your name (as it appears on your bank statement)								
Bank/Building Society								
Account number								
Sort code								

If this grant is for an adult with CF and will be paid to someone else, please tick to confirm you agree to this. If you are a CF team member completing this form, please tick here to confirm the applicant knows about the grant and agrees to it being paid to this person.

EWJ Home Care grants are a one-off grant. This means you can only apply for this grant once. You will not be able to apply for another EWJ Home Care grant in the future. If you have received one of these grants previously, we will contact you to let you know that we cannot process your application. We offer other welfare grants which you may be able to apply for. Please contact our Helpline for more information.

We might share the story of your grant to help us promote our grant programmes and raise awareness of how our support helps people living with cystic fibrosis. Stories like yours are really important to us as they show people how we can help. To protect your privacy, we always change names and any identifying details when we share these stories. If you prefer that we do **NOT** share your story, please tick here

Further support

Would you like a free benefits check to make sure you are receiving everything that is available to you?

Yes No

Would you like free **income maximisation** or budgeting help which is provided by our Welfare Team?

Yes No

If you're a CF team member and have ticked either box above, please let the applicant or listed contact know that once the grant is processed, our welfare team will get in touch to book their appointment.

Section 4: Monitoring form

Please help us to monitor the reach and impact of the Cystic Fibrosis Trust's Welfare Grants programme by answering the questions in this final section. The information in this section is not used to make decisions and will not affect the outcome of your application.

This information is about the person with cystic fibrosis who will benefit from the grant

Gender

- Male
- Female
- Intersex
- Non-binary
- Prefer not to say

If you prefer to use your own term, please specify here:

How many adults in your household:

How many children in your household:

Age

- Under 18
- 18–24
- 25–34
- 35–44
- 45–54
- 55+

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African

Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Any other Mixed or multiple ethnic background

White

- English
- Welsh
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller
- Roma

Any other White background

Sexual Orientation

You do not need to complete this section if the applicant is a child

- Heterosexual
- Gay or Lesbian
- Bisexual
- Prefer not to say

I identify as:

How did you hear about Cystic Fibrosis Trust's grants?

- Cystic Fibrosis Trust website
- Hospital or CF specialist team
- Social media

Other:

What is your household income per year?

This includes benefits and earnings

- Less than £6,000
- £6,000–£14,999
- £15,000–£27,999
- £28,000–£29,999
- £30,000–£44,999
- £45,000–£59,999
- More than £60,000
- Prefer not to say

Section 5: Supporting statement from the endorser

The endorser is a member of your CF Team such as clinician or CF centre social worker

This section should be completed by the endorser and emailed to us from their professional email account. Please note that we may contact the endorser to request further information related to this application or to confirm they provided the statement.

Please tick if they will be emailing their supporting statement	
I confirm that this grant will be used to benefit a person living with cystic fibrosis and that the information given is correct.	
Name	
Job title	
Signature*	
Place of work	
Contact number/email	
How do you know the applicant?	
Please describe how the person with cystic fibrosis will benefit from this grant.	

Supporting statements can also be emailed separately to us at helpline@cysticfibrosis.org.uk. They must be emailed from the endorser's professional email account.

Once you have completed all sections of the form, you or your CF Team should email it to helpline@cysticfibrosis.org.uk

cysticfibrosis.org.uk

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