

England Infected Blood Support Scheme (EIBSS) Income top-up payments and child payments application form

An income top-up payment is a discretionary monthly payment to increase your household income to help with general living costs. An assessment is made of your household income and if the income is below set thresholds, depending on your family circumstances, an application can be made to receive regular payments.

Child payments are a means-tested payments to help with the costs of bringing up children of an infected beneficiary. Dependents are children of an infected beneficiary up to the age of 18 years, or up to 21 if in full time education. These payments are available to the primary care provider of the child/children and can only be made where a beneficiary qualifies for an income top-up payment.

If you are the primary care provider of a child/children of an infected beneficiary but not a beneficiary yourself, you may still be entitled to apply for support for the child/children for whom you are caring. This will be means tested in the same way as for income top ups for bereaved spouses/partners.

Eligibility

To be eligible to apply for income top-up payments or child payments, the applicant must be registered with EIBSS; everyone registered with EIBSS hold a unique reference number and be:

- someone historically infected with HIV a n d / o r hepatitis C from NHS blood or blood products
- a bereaved spouse, civil or long-term partner who lived with an infected beneficiary
- Primary care providers of an infected beneficiary's child/children (for child payments only)

How to apply

Further details about how to apply for income top-up payments and child payments is detailed in the booklet England Infected Blood Support Scheme (EIBSS) Discretionary Support Guidance Booklet 2018/19.

Notes to help you

Please read the notes on this page before filling in the form. We will use the information you provide in this form to calculate the level of top-up payments you can receive through the Scheme.

Where we ask you to tick a 'No' or 'Yes' box and give any details needed, the notes on the form will tell you what to do next. If you need more space for any of your answers, please use **Section 4** of this form.

What we need to know about you

We need to know about you and, if you are part of a couple, about your partner and any income you both have.

What we mean by partner

We use the term 'partner' to mean a person you live with as part of a couple of the same or opposite sex, whether or not you are married or have a civil partnership.

If we ask for evidence

If you are working, in full-time education or a trainee, you will be asked to provide evidence of your income. We accept photocopies as evidence. It will delay your assessment if you do not send us the evidence we ask for. If you are not sure what evidence to send or do not have it, please call the EIBSS team on 0300 330 1294, Monday to Friday between 9am and 5pm.

When you have filled in this form

Send it to: EIBSS, Skipton House, 80 London Road, London, SE1 6LH. You will need to use a stamp. Postage costs may vary depending on the size of envelope you use.

If you are filling in this form for someone else

If you are filling in this form for someone else, they are responsible for making sure that the information is correct. They should tell you what to write for them and they should sign or make their mark in **Box 6a**. If you are filling in the form for someone with learning difficulties, or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Box 6b**. If you are not sure if you can sign the form for someone else, please call the EIBSS team on 0300 330 1294, Monday to Friday between 9am and 5pm.

What you can expect from us

Your claim will be assessed by the NHS Business Services Authority England Infected Blood Support Scheme at Skipton House, 80 London Road, London, SE1 6LH.

We will normally deal with your claim within 30 working days of receiving your form. If we need more information, we will write to you to ask for it.

If you have any questions about your claim, or if it is more than 30 working days since we acknowledged receipt of your form and you have not heard from us further, you can call the EIBSS team on 0300 330 1294, Monday to Friday between 9am and 5pm.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health and Social Care to check your eligibility and to administer your application. If you appeal a decision, your information may be disclosed to a panel of experts. Information about the NHSBSA's privacy policy is available at www.nhsbsa.nhs.uk/yourinformation. All personal information will be transferred and stored securely in compliance with Data Protection law.

Please read the notes on page 2 before filling in this form.

Section 1 - About your household - please write in BLOCK CAPITALS

1.1 Your details

Title: <input type="text"/>	Address (including postcode): <input type="text"/>
First name: <input type="text"/>	<input type="text"/>
Last name: <input type="text"/>	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile number: <input type="text"/>
Marital status <input type="text"/>	Landline number: <input type="text"/>

Your partner

Title: <input type="text"/>	Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
First name: <input type="text"/>	National Insurance number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last name: <input type="text"/>	Marital status: <input type="text"/>

We might need to contact you about your claim. Please indicate your preferred method by which we may contact you if we need to.

I prefer to be contacted by: letter telephone email

If you are happy for us to write to you, where would you like us to send any letters?:

My home address An alternative address (please provide below)

<input type="text"/>
Post code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please let us know if you need your letter in a specific format:

If you have indicated that you are happy for us to contact you by telephone or email, please provide the details you'd like us to use here:

Landline telephone number: <input type="text"/>	Mobile telephone number: <input type="text"/>
Email address: <input type="text"/>	

1.2 Other people in your household (excluding children in education)

We need to know about any other people who live with you in your home. We need this information to make sure we work out your household income correctly. Please **do not** tell us about other residents if you live in a care home or shared accommodation.

Do any other adults live with you in your home?

No Go to Section 2

Yes Give details below

	Person 1	Person 2	Person 3
Last name			
First name			
Age			
Relationship to you			

Section 2 - Children and qualifying young people

Children and qualifying young people are:

- Children under 18 years old who normally live with you; and
- Young people aged 18 to 21 years old who normally live with you providing they are:
 - Receiving full time education; or
 - Are on an approved training course which started before their 19th birthday

And are not:

- Doing a course that is higher than a degree or equivalent, or
- In education received through their employer because of their work.

For a training course to be approved it should be one of the following:

- England – Entry to Employment or Programme Led Apprenticeships
- Scotland – Get Ready for Work, Skillseekers or Modern Apprenticeship
- Wales – foundation Modern Apprenticeships, Skillbuild or Skillbuild+

Note: Do not include young people who have permanently finished an education or training course like these. Do include children or young people who are boarding with you or foster children and use **Section 3** to tell us about any money you receive for looking after them.

2.1 Do you have any children or qualifying young people who live with you and who you support?

No Go to Section 3

Yes Give details on next page

Last name	First name	Date of birth						Relationship to you
				/		/		
				/		/		
				/		/		
				/		/		
				/		/		
				/		/		
				/		/		

For each child listed above we will require a copy of their birth certificate or formal documentation showing their date of birth. If over the age of 18 years old, we will also require a copy of their course confirmation showing the duration of the course they are on.

Section 3 - About your household income

We need to know about all income that is received by the entire household.

- Include anything that is paid to someone else on your behalf or that you receive for someone else.
- If you receive pensions or benefits paid together, please select these separately from the list below. Your order book or the letter about the benefits or pensions will state your entitlement.

3.1 Do you or your partner receive any income or social security benefits listed below?

No Go to Section 4

Yes Give details below

Tick the relevant benefit below for you (Y) and/or your partner (P):

	Y	P		Y	P
Wages: employed/self-employed			Private Pensions (PP)		
Statutory Sick Pay (SSP)			War Widow's Pension (WWP)		
Maternity Allowance (MA)			War Disablement Pension (WDP)		
Income Support (IS)			Widowed Parent Allowance (WPA)		
Employment and Support Allowance (ESA)			Bereavement Allowance (BA)		
Jobseeker's Allowance (JSA)			Local Housing Allowance/Housing Benefit (HB)		
Universal Credit (UC)			Council Tax Reduction (CTR)		
Incapacity Benefit (IB)			Money from a Trust Fund		
Severe Disablement Allowance (SDA)			Money from a charity or voluntary organisation		
State Retirement Pension (SP)			Maintenance payments		
Pension Credit/Savings Credit (PC)			Money from renting property		
Child Tax Credits (CTC)			Vouchers		
Working Tax Credits (WTC)			Student Loan		
Industrial Injuries Disablement Benefit (IID)			Student Finance		

We will require photocopies of the letters for any/each of the income(s) above that you have ticked. If you earn a wage, we will require 3 months of wage slips. If you are self-employed, we will require a copy of your accounts for the financial year ending within the last 12 months. If you are in education, we will require a copy of your course confirmation document showing the duration of your course.

We can also accept 3 months bank statements to show your income. However, if you have any deductions to your income e.g. pension contributions, loans, etc. we will require the document that shows the original amount prior to these deductions.

We will also require a copy of your annual council tax statement.

3.2 Does any other person mentioned on this form receive any income?

No Go to Section 4

Yes Give details below

Please provide details of the income below:

Name of benefit	Who is it for?

We will require photocopies of the letters for any/each of the income(s) above that you have listed. If you earn a wage, we will require 3 months of wage slips. If you are self-employed, we will require a copy of your accounts for the financial year ending within the last 12 months. If you are in education, we will require a copy of your course confirmation document showing the duration of your course.

We can also accept 3 months bank statements to show your income. However, if you have any deductions to your income e.g. pension contributions, loans, etc. we will require the document that shows the original amount prior to these deductions.

We will also require a copy of your annual council tax statement.

Section 4 - Additional information

Use this space to tell us anything else that you think we might need to know about your household.

For example, this might include:

- What you are living on if you have not told us about any income
- If you know the amount of your earnings, benefits or pensions is going to increase. Tell us what you receive now at **Section 3** and the new amount and date of the increase below. You also need to send us a copy of the notification letter.
- Anything else you haven't already told us about.

Now complete your claim by signing the declaration at **Section 6** on the next page.

Section 5 - Data Protection

By submitting this form to the NHS Business Services Authority (NHSBSA), you confirm that you have read and understood the privacy notice at the end of this form. Your personal information will only be used by the NHSBSA on behalf of the Department of Health, to check your eligibility for a payment and to administer your application. In the event that you appeal a decision, your information may be disclosed to a panel of experts. Information about the NHSBSA's privacy policy is available at www.nhsbsa.nhs.uk/our-policies/privacy. All personal information will be transferred and stored securely in compliance with Data Protection law. If your application is deemed to be ineligible, the scheme will keep your application form on file for up to ten years so that it has a full historical record in the event that you lodge an appeal or if you reapply for a payment. If you have any questions regarding the use of your information, please contact the Scheme administrator by telephone on 0300 330 1294, by email to nhsbsa.eibss@nhs.net or in writing to FREEPOST EIBSS (valid within the UK only) or to EIBSS, Skipton House, 80 London Road, London SE1 6LH.

Section 6 - Declaration

Please read the declaration and sign and date Box 6a below.

I confirm that the information given in this application form is, to the best of my knowledge and belief, correct and complete. I understand and consent to the sharing of information relating to my medical condition with assigned expert group members of the NHS Business Services Authority for the purposes of applying for payments and with the NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that if I knowingly give false information, support will be stopped and I may be asked to return any financial support given to me as a result of this application, and that I may be liable for prosecution and civil recovery proceedings.

Box 6a Signature

Date

		/			/				
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If you are completing this form on behalf of someone else

You may only complete this form on behalf of someone else for the reason given below. You are responsible for making sure the information is correct. You should read the declaration and sign and date **Box 6b** below. If you are unsure whether you are able to sign, please call the EIBSS team on 0300 330 1294.

I am responsible for this person's financial affairs because they have learning difficulties or a condition that prevents them from managing their own affairs.

If you are filling in the form for somebody, and this reason does not apply, they should tell you what to write for them and they should sign or make their mark in **Box 6a**.

I confirm that the information I have given on this form is correct and complete, and I understand that if it is not, appropriate action may be taken.

Box 6b Signature

Date

		/			/				
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Name

Address

Post code									

Your relationship to the person in Part 1

When you have filled in this form

Remember, we can deal with your claim more quickly if we receive all the information we ask for. Use the tick boxes to check that you have filled in the form as fully as possible.

- I have answered all the questions that apply to me
- I have attached photocopies of birth certificates as requested at Section 2 (if this applies)
- I have attached photocopies of the award letters as requested at Section 3 (if this applies)
- I have attached photocopies of 3 month's worth of bank statements as requested (if this applies)
- I have attached photocopies of the payslips as requested at Section 3 (if this applies)
- I have attached a photocopy of my annual council tax statement for 2018/19
- I have attached the course confirmation(s) as requested at Section 2 and Section 3 (if this applies)
- I have signed the declaration above

Please note that your claim is not valid unless it is signed and dated

England Infected Blood Support Scheme - Privacy notice

The NHSBSA will process the information supplied by the charities who previously provided the service for the purposes of administering payments under the EIBSS.

The NHSBSA is providing this service, as it is legally obliged to do so under the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Infected Blood Payments Scheme) Directions 2017.

The NHSBSA can be contacted at the following address: FREEPOST EIBSS (valid within the UK only) or at EIBSS, Skipton House, 80 London Road, London SE1 6LH.

Data sharing

Your information may be shared with other people/organisations including, but not limited to, the following:

- Administrators of other Infected Blood Support Schemes in the UK to ensure you are directed to the correct scheme.
- Medical professionals for the assessment of any future applications/appeals made.
- The Department of Health for planning and information purposes.

The information may be shared for the purposes of preventing fraud and error.

By accepting this information and continuing with your claim you consent to the disclosure of relevant information to the NHSBSA and any other relevant parties they may share it with as outlined above.

Your information will not be transferred outside the EU unless you, at any time, reside outside of that area and the transfer is required in order to write to you regarding the service and/or to make payments to the appropriate bank.

How long we will keep your information

Your information will be retained for seven years following the date of the final payment being made to you or any of your dependents.

Your rights

Information you provide to the NHSBSA will be managed as required by relevant Data Protection law including the General Data Protection Regulation (GDPR).

You have the right to:

- Receive a copy of the information the NHSBSA holds about you.
- Request your information be changed if you believe it was not correct at the time you provided it.
- Request that your information be deleted if you believe the NHSBSA is processing it for longer than is necessary to make payments under the EIBSS.

Details of how the NHSBSA processes your data are shown on our website at <https://www.nhsbsa.nhs.uk/our-policies/data-protection>

To make use of these rights please contact the NHSBSA Data Protection Officer:

Head of Internal Governance
NHS Business Services Authority
Stella House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

nhsbsa.dataprotection@nhs.net

If you have any concerns about the processing of your information you have the right to contact the Data Protection Regulator:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

<https://ico.org.uk/global/contact-us/email/>
<https://ico.org.uk/>