

BlindAid

Welfare Rights Application Form

This form should be completed by an employee of a statutory organisation or registered charity. Please complete this form online, or print, complete and return to the address below.

Details of Recipient:	
First name	
Surname	
Address	
Borough	Postcode
Date of birth (dd/mm/yy)	
Tel No:	Mobile
Registered blind or partially sighted?	<input type="checkbox"/> Registered blind <input type="checkbox"/> Registered partially sighted <input type="checkbox"/> Not registered
Date registered blind or partially sighted (dd/mm/yy)	
Does the recipient consent to this application on their behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which benefits is the recipient currently receiving?	<input type="checkbox"/> Child benefit <input type="checkbox"/> Income support <input type="checkbox"/> Employment & Support Allowance <input type="checkbox"/> Jobseeker <input type="checkbox"/> DLA <input type="checkbox"/> Incapacity benefit <input type="checkbox"/> Attendance allowance <input type="checkbox"/> State Pension <input type="checkbox"/> Employment based pension <input type="checkbox"/> Pension credit <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Council Tax Benefit <input type="checkbox"/> Not in receipt of state benefits

Details of person submitting this application:

First Name

Surname

Name of Organisation:

Address of Organisation:

Borough

Postcode

Telephone number

Email address

Declaration by person submitting the application:

To the best of my knowledge the information I have provided is complete and accurate.

 Yes
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