

**All of this information must be provided:**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Your child's full name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

School or college: \_\_\_\_\_

Transport  
discretionary hardship  
claim number:

\_\_\_\_\_

## Discretionary Hardship Application for Educational Establishment Travel Assistance

From September 2014, the Council stopped providing post 16 mainstream travel assistance.

The Council will, however, consider individual cases from mainstream post 16 students attending their nearest school/college where claims of hardship/low income can be demonstrated. If hardship/low income is established, the Council may provide assistance to individuals in order to ensure transport is not a barrier to that young person accessing further education. The assistance offered may be in the form of a personal travel budget, a contribution towards a bus pass, etc. Each assessment will be conducted on a case by case basis.

To see if you qualify for hardship/low income, please complete this form and send it back straight away. There is an income and expenditure section on page four, please complete this fully and accurately. We may ask you to provide documentary evidence to support your application.

If you need help completing this form, please contact us on the number shown above.

**Please answer all of the questions**

**Do you or any members of your family have any special educational needs, medical needs or anything else we may need to consider for this application?**

Yes  No  If yes, please give details.

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**Could anyone who lives with you help you with outgoing payments?**

Yes  No  If yes, please give details.

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**Are your circumstances likely to change in the near future?**

Yes  No  If yes, please give details.

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**Have you considered the following:**

**Financial review and planning? (To review what you spend and plan your finances)**

Yes  No  If yes, please give details

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**Please explain why you are requesting consideration for hardship/low income. Please give any information that you think is relevant.**

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**How long do you expect this situation to last for?**

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**Please give any additional information that you feel will support your claim.**

**All applicants will need to complete this section about income and savings.**

**Weekly income**

	£	Date you expect to receive this amount		£	Date you expect to receive this amount
Earnings	£		Attendance Allowance	£	
Partners Earnings	£		DLA Care	£	
Income Support/ESA	£		DLA Mobility	£	
Working/Child Tax Credit			Income from any other source £ (i.e. Direct payments from the Councils Disabled Children's Team please state the source)	£	
Jobseeker's Allowance					
Child Benefit	£				
State Pension	£				
Private Pension	£				
Maintenance	£		<b>TOTAL</b>	£	

**Weekly expenditure**

Food costs	£	Car tax and insurance	£
Mortgage or rent	£	Prescriptions	£
Council Tax	£	Catalogues	£
Petrol	£	Respite Care	£
Insurances	£	<b>Priority Fines</b>	
Water charges	£	Magistrates fine	£
Gas	£	CCJ	£
Electricity	£	<b>Debts</b>	
Other fuel	£	Loan shark	£
Registered Childcare costs	£	Loans from family	£
Clothing	£	Payday loans	£
School Meals – do you qualify for free school meals? Yes <input type="checkbox"/> No <input type="checkbox"/>	£	Loan Repayments (state purpose of loan)	£
Maintenance/CSA	£	Other credit debts (state purpose of credit)	£
Digital TV/Internet	£	<b>Arrears</b>	
TV Licence	£	Mortgage	£
Telephone	£	Rent	£
Mobile telephone	£	Council Tax	£
Travel expenses	£	Other expense	£

**Savings/capital details**

Bank accounts	£	Any other savings and capital (state source)	£
Stocks and shares	£		
Savings accounts	£		
Premium bonds	£		
Additional property	£		

# Declaration

**Even if someone else has filled in this form for you, make sure it is read back to you before signing this declaration. If you have a partner, they should sign this declaration as well. Please read this declaration carefully before you sign and date it.**

**I declare that the information I have given on this form is correct and complete and I understand that:**

- if I give information that is incorrect or incomplete, you may take action against me - this may include court action
- the information I supplied on my application for hardship/low income consideration may be used to help decide my claim
- you may check some of the information with other sources within the Council, rent offices and other councils
- you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make; you may give some information to other government organisations, if the law allows this
- data is held for the purpose of calculating the correct amount of reduction to the right person for the right time and to ensure reduce rates are correctly applied, data will be shared with other government organisations
- if you require any additional information the data protection controller can be contacted through Cheshire West and Chester Council's financial services
- I have a duty to tell Cheshire West and Chester Council benefits section about any changes to my circumstances.

\_\_\_\_\_  
Signature of person claiming

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's signature

\_\_\_\_\_  
Date

**If this form has been completed by someone other than the person claiming:**

You **MUST** provide details below if you are acting for the person claiming e.g. an appointee, power of attorney, professional support worker etc. Make sure you have read the form back to the person named above and confirmed the details with them.

I confirm I have read this form back to the claimant and they have confirmed the details they have given to me are correct and complete.

Name of the person who filled in the form: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of the person who completed the form: \_\_\_\_\_

## If you need to contact us

### In person:

Our offices are open at the following locations Monday to Friday 8.30am to 5pm.

Wyvern House  
The Drummer  
Winsford  
Cheshire  
CW7 1AH

Information Centre  
1 The Arcade  
Northwich  
Cheshire  
CW9 5AS

Frodsham Leisure Centre  
Queensway  
Frodsham  
Cheshire  
WA6 6RR

Council Offices  
4 Civic Way  
Ellesmere Port  
Cheshire  
CH65 0BE

Council Offices  
The Forum  
Chester  
Cheshire  
CH1 2HS

Neston Library  
Parkgate Road  
Neston  
Cheshire  
CH64 6QE

### By telephone:

Telephone lines are open from 8.30am to 8pm.

**In writing:** if you want to ask us a question in writing, please write to us.

Revenues and Benefits  
PO Box 187  
Ellesmere Port  
Cheshire  
CH34 9DB

**By email:** if you want to contact us by email, please send it to [benefits@cheshirewestandchester.gov.uk](mailto:benefits@cheshirewestandchester.gov.uk) and title it as 'school transport'

## Accessing Cheshire West and Chester Council information and services

This information is also available on audio tape, in Braille and in large print. If you would like a copy of this document in a different format or in another language, please email us at [equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk). We are also able to provide a British Sign Language (BSL) interpreter to help you access our services.

**Phone:** 0300 123 8123 **Textphone:** 18001 01606 867 670

**Email:** [equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk)

**Website:** [www.cheshirewestandchester.gov.uk](http://www.cheshirewestandchester.gov.uk)

