

# Household/Emergency Support Scheme Questions

This guidance currently relates to residents and households under financial pressure who require support with food and fuel, accessing the Emergency Support Scheme through the 'I/my family am under exceptional pressure' or 'I am experiencing a crisis/emergency' tiles.

Additional guidance relating to other tiles will be added as this guidance is developed. In the meantime, if you spot any errors or have any feedback please do contact us at Opportunity Lambeth [opportunitylambeth@lambeth.gov.uk](mailto:opportunitylambeth@lambeth.gov.uk) .

## **Section 1: Tell us who you are**

1. Title (Optional)
2. First Name
3. Last Name
4. Are you Male or Female
5. Date Of Birth (Please enter as dd/mm/yyyy)
6. Search For address with Postcode (Optional)
7. Your Address
8. Your Address (Line 2)
9. Your Address (Line 3, Optional)
10. Town
11. Postcode
12. National Insurance Number
13. Daytime Telephone Number ( If you only have a mobile please use the same number in both this field and mobile phone number field)
14. Mobile Telephone Number
15. Email Address
16. Preferred method of Contact (Optional)
17. Are you completing this form on behalf of the Claimant? YES/NO  
As part of section 1, if someone else is helping to fill out the form extra questions are asked about the person filling in the form:
  - *Title (optional)*
  - *First name*
  - *Surname*
  - *Search For address with Postcode (Optional)*
  - *Your Address*
  - *Your Address (Line 2)*
  - *Your Address (Line 3, Optional)*
  - *Town*
  - *Postcode*
  - *Daytime Telephone Number (optional)*
  - *Mobile Telephone Number (optional)*
  - *Email Address (optional)*
  - *Preferred method of Contact (Optional)*

## **Section 2: About You**

1. What is your current living arrangement?
2. Do you live in this council area? YES/NO  
If you select 'Yes' the follow appears  
How long have you lived in this council area?

IMPORTANT: if it is more than 6 weeks please select the 3-6 months option

3. The household support scheme is paid to those who are not subject to immigration control. Please click on the help icon to see the types of people not subject to immigration control. If you are NOT subject to immigration control, please set this question to YES. YES/NO
4. Do you have a sanction on your DWP benefit? YES/NO
5. Have you been refused a DWP budgeting loan because they felt you could not repay the loan. YES/NO
6. About benefits you receive, Do you receive any of the following? (click from list of options). Once you select a benefit the following questions are asked:
  - How often is this benefit paid
  - How much benefit is paid
  - When will the next payment be made
7. Do you receive housing benefit? YES/NO
8. Do you receive local council Tax Support? YES/NO
9. Do you receive any other benefit? YES/NO  
If yes is answered here the following questions are asked:
  - How many other benefits do you get? (select number 1-5)
  - Do you receive any benefits (optional) (select from a list)
  - How often is this benefit paid
  - How much benefit is paid
  - When will the next payment be made

This section is duplicated depending on how many other benefits they said they received

#### **About special circumstances**

- Are you more than 24 weeks pregnant YES/NO
10. Is this person blind? YES/NO
  11. Is this person a full time student? YES/NO
  12. Is this person a member of religious order? YES/NO
  13. Does anyone get Carers Allowance for looking after them? YES/NO
  14. Do they receive Disability Living Allowance Care Component? YES/NO  
If yes is selected:  
Do they receive the lower, middle or higher rate? (drop down)
  15. Do they receive Disability Living Allowance Mobility Component YES/NO  
If yes is selected:  
Do they receive the lower or higher rate? (drop down)
  16. Do they receive Personal Independents payments (Care Component) YES/NO  
If yes is selected:  
What rate do they receive (drop down)
  17. Do they receive Personal Independents Payments (Mobility Component) YES/NO  
If yes is selected:  
What rate do they receive (drop down)
  18. Do they get attendance Allowance? YES/NO  
If yes is selected:  
Do they receive the lower or higher rate? (drop down)

#### **About employment**

19. Are you employed or about to start work in the next two weeks? YES/NO  
If yes is selected the following questions are asked:
  - *Name of the employer*
  - *Search for address with postcode (optional)*
  - *Your address*

- *Address line 2*
- *Address line 3 (optional)*
- *Town*
- *Postcode*
- *Date this job was started*
- *How often are you paid (drop down)*
- *What is the gross amount paid (before deductions)*
- *Date of next pay day*
- *Date of last pay day (optional)*

**Section 3: About your partner**

Do you have a partner who normally lives with you? YES/NO  
 If yes is selected the following is asked:

- *Title*
- *First name*
- *Last name*
- *Date of birth*
- *National insurance number*
- *Telephone number (optional)*

**About special circumstances**

- Are you more than 24 weeks pregnant YES/NO
- Is this person blind? YES/NO
- Is this person a full time student? YES/NO
- Is this person a member of religious order? YES/NO
- Does anyone get Carers Allowance for looking after them? YES/NO
- Do they receive Disability Living Allowance Care Component? YES/NO
- If yes is selected:
- Do they receive the lower, middle or higher rate? (drop down)
- Do they receive Disability Living Allowance Mobility Component YES/NO
- If yes is selected:
- Do they receive the lower or higher rate? (drop down)
- Do they receive Personal Independents payments (Care Component) YES/NO
- If yes is selected:
- What rate do they receive (drop down)
- Do they receive Personal Independents Payments (Mobility Component) YES/NO
- If yes is selected:
- What rate do they receive (drop down)
- Do they get attendance Allowance? YES/NO
- If yes is selected:
- Do they receive the lower or higher rate? (drop down)

**About benefits they receive**

- Does your partner receive any of the following? (click from list of options).  
 Once you select a benefit the following questions are asked:
- How often is this benefit paid
- How much benefit is paid
- When will the next payment be made
- Is your partner waiting to hear about a claim for Jobseekers allowance, income support, employment support allowance or guaranteed pension credit? YES/NO

- Do you receive housing benefit? YES/NO
- Do you receive local council Tax Support? YES/NO
- Do you receive any other benefit? YES/NO

If yes is answered here the following questions are asked:

- How many other benefits do you get? (select number 1-5)
- Do you receive any benefits (optional) (select from a list)
- How often is this benefit paid
- How much benefit is paid
- When will the next payment be made

This section is duplicated depending on how many other benefits they said they received

### **About employment**

- Is the person employed? YES/NO
- If yes the following is asked:
- Name of the employer
  - Search for address with postcode (optional)
  - Your address
  - Address line 2
  - Address line 3 (optional)
  - Town
  - Postcode
  - Date this job was started
  - How often is this person paid (drop down)
  - What is the gross amount paid (before deductions)
  - Date of next pay day
  - Date of last pay day (optional)

### **Section 4: Children**

1. Do you have children that fit into the above category YES/NO
2. How many children do you have
- Child:
3. First name
4. Last name
5. Date of Birth
6. Gender
7. Does this child live with you? YES/NO
- About special circumstances?
8. Is this person blind? YES/NO
9. Is this person a full-time student? YES/NO
10. Is this person a member of a religious order? YES/NO
11. Does anyone get care allowance for looking after them? YES/NO
12. Do they receive disability living allowance care component? YES/NO
- If yes:
- Do they receive the lower, middle or higher rate? (drop down)
13. Do they receive disability living allowance mobility component? YES/NO
- If yes:
- Do they receive the lower or higher rate? (drop down)
14. Do they receive personal independence payments (care component)

- YES/NO
- If yes:
- What rate do they receive? (drop down)

15. Do they receive personal independence payments (mobility components)? YES/NO
- If yes:
- What rate do they receive? (drop down)

#### **Section 4: Other People**

1. Do any adults usually live with you? YES/NO
2. How many other people live with you?
- Person:
3. First name
4. Last name
5. Date of Birth
6. Gender
7. Relationship to you
- Do they receive any of the following (drop down)
    - Once you select a benefit the following questions are asked:
    - How often is this benefit paid
    - How much benefit is paid
    - When will the next payment be made
  - Is this person waiting to hear about a claim for Jobseekers allowance, income support, employment support allowance or guaranteed pension credit? YES/NO
8. Do they receive housing benefit? YES/NO
9. Do they receive local council tax support? YES/NO
10. Do they receive any other benefit? YES/NO
- If yes is answered here the following questions are asked:
- How many other benefits do you get? (select number 1-5)
  - Do you receive any benefits (optional) (select from a list)
  - How often is this benefit paid
  - How much benefit is paid
  - When will the next payment be made
- This section is duplicated depending on how many other benefits they said they received

11. Does this person live with you? YES/NO

#### **About special circumstances**

12. Is this person blind? YES/NO
13. Is this person a full-time student? YES/NO
14. Is this person a member of a religious order? YES/NO
15. Does anyone get care allowance for looking after them? YES/NO
16. Do they receive disability living allowance care component? YES/NO
- If yes:
- Do they receive the lower, middle or higher rate? (drop down)
17. Do they receive disability living allowance mobility component? YES/NO
- If yes:
- Do they receive the lower or higher rate? (drop down)

18. Do they receive personal independence payments (care component)? YES/NO  
 If yes:
- What rate do they receive (drop down)
19. Do they receive personal independence payments (mobility components) YES/NO  
 If yes:
- What rate do they receive (drop down)
- Do they get Attendance Allowance?  
 If yes:
- Do they receive the lower or higher rate? (drop down)

**About employment**

- Is the person employed? YES/NO  
 If yes the following is asked:
  - Name of the employer
  - Search for address with postcode (optional)
  - Your address
  - Address line 2
  - Address line 3 (optional)
  - Town
  - Postcode
  - Date this job was started
  - How often is this person paid (drop down)
  - What is the gross amount paid (before deductions)
  - Date of next pay day
  - Date of last pay day (optional)

**Section 5: Regular Outgoings**

1. Does this person make regular payments? YES/NO
2. How many regular payments do they make? The following questions are duplicated depending on how many regular payments they say they make
3. Who is the money paid to?
4. What is the payment for? (Food etc)
5. How much is the payment?
6. How often is this paid?

Whole section repeated for partner or anyone else who lives with them

**Section 6: Savings and Other Money**

1. Do you, your partner, or any qualifying young person, have any money? This includes cash. YES/NO  
 If yes:
  - How much
2. Do you or your partner have a bank or a building society account? YES/NO
3. Do you, your partner, your children, or qualifying young person have any savings? YES/NO  
 If yes:
  - How much
  - Bank or building society name which savings account is held
4. Other money you could use, for example, credit card(s), loan/overdraft, store card, insurance etc.  
 Could you use money from any of the sources above? YES/NO

If yes:

- How much
- Please tell us about this

5. Can you get help from anywhere else, in cash or in kind. For example, relatives or friends, employers, charities and benevolent funds

Could you get help from any of the sources above? YES/NO

If yes:

- How much
- Please tell us about this

6. Do you or your partner own any property, apart from where you live? YES/NO

If yes:

- Please tell us about this

### **Family under exceptional pressure**

- Which best describes your current circumstance (drop down)
- Please provide details
- When did this happen

### **Section 6: Help you need**

1. Food: Do you want to apply for help for this component? YES/NO

If yes:

- Please select all that apply (tick box/boxes)
- Why do you urgently need this and what will happen if you do not get it?

2. Clothes: Do you want to apply for help for this component? YES/NO

If yes:

- Please select all that apply (tick box/boxes)
- Why do you urgently need this and what will happen if you do not get it?

3. Household goods: Do you want to apply for help for this component? YES/NO

If yes:

- Please select all that apply (tick box/boxes)
- Why do you urgently need this and what will happen if you do not get it?

4. Electricity: Do you want to apply for help for this component? YES/NO

If yes:

- Please select all that apply (tick box/boxes)
- Why do you urgently need this and what will happen if you do not get it?

5. Gas: Do you want to apply for help for this component? YES/NO

If yes:

- Please select all that apply (tick box/boxes)
- Why do you urgently need this and what will happen if you do not get it?

6. Travel: Do you want to apply for help for this component? YES/NO

If yes:

- Please select all that apply (tick box/boxes)
- Why do you urgently need this and what will happen if you do not get it?

7. Anything else

If Gas or electricity help is requested:

- What is the name of your gas/electricity company
- What is your account number

### **Section 7: Equalities:**

1. Ethnic Origin: Please tell us your ethnic origin.
  2. If English is not your main language, please tell us which language you speak and write.  
Spoke or written:  
Urdu, Gujarati, Bangladeshi, Kashmiri, Punjabi, Chinese, French, Arabic, Somali,
- Are you male or female (optional drop down)
  - What is your religion or belief (optional drop down)
  - What is your sexual orientations (optional drop down)
  - Do you consider yourself to be disabled (optional yes/no)

### **Review your answers**

Before submitting your form you can review all of the answers you have given so far by clicking on the link below.

Open a read-only view of the answers you have given (this will open in a new window)

### **Declaration**

Please read the following declaration carefully.

You must tick the box below to indicate you have read and agree to the terms of the declaration.

I declare that the information I have given is correct and complete. If it isn't, I understand that the council may take legal action.

I agree that the council will use the information to process my application for Household Support. It can make enquiries to check the information I have given, including checking with other sources in the council, the Department for Work and Pensions, HM Revenue and Customs and other councils.

I understand the council may use any information I have provided in connection with this and any other claim for benefits I have made or may make, to make sure I am claiming all of the benefits I am entitled to. The council may give some information to other government organisations, within the law.

I must inform the council, within one calendar month, of any change in in my circumstances which may affect my benefit.

Information you provide to support your application may be shared with the Council's 'Every Pound Counts' advice service so they can contact you with an offer to help you access any additional financial support you can claim from the benefit system.

I/we declare that the information I/we have given on this form is correct and complete to the best of my/our knowledge. If there are any other changes I/we will let you know straight away. **I am aware that if I provide false or inaccurate information Lambeth Council may take action against me, including legal action.**