

# PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS APPLICATION FORM



**For the attention of:**

**Case Owner  
Asylum Team**

Please see Annex C for contact details of Asylum team locations by region.

## **APPLICATION FOR PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS**

PLEASE COMPLETE ALL RELEVANT SECTIONS AND FAX OR POST TO THE RELEVANT ASYLUM TEAM DEALING WITH YOUR CASE (SEE ANNEX C)

PLEASE READ THE GUIDANCE NOTE ATTACHED AT ANNEX A CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM

### **DATE OF SECTION 4 APPLICATION:**

### **APPLICANT'S DETAILS:**

**Name:**

**D.O.B (day/month/year):**

**Nationality:**

**H.O. Ref:**

**Asylum Support Ref. (if applicable):**

**Port Ref:**

**Date of Asylum Application:**

**Application Registration Card No:**

**Asylum Team Location (if applicable):**

**CURRENT ADDRESS (including Telephone Number):**

### **ACCOMMODATION PROVIDER'S DETAILS:**

**NAME:**

**ORGANISATION:**

**ADDRESS:**

**TELEPHONE:**

**FAX:**

If you wish to claim support for dependants, you should complete Annex B with their details. You will also need to complete this section to register new dependants, e.g. new born children.

Annex B completed and attached

Yes	
No	

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## SERVICES OR FACILITIES REQUIRED

Tick a box (or boxes) as appropriate

- **TRAVEL**

- Healthcare treatment
- Registrar

Number of additional travellers  
(give details on page 3) .....

Please note – evidence of a medical appointment is required.

- **BIRTH CERTIFICATE**

- **TELEPHONE CARD**

- **STATIONERY AND POSTAGE**

- **ONE-OFF PAYMENT FOR PREGNANT WOMEN/ NEW MOTHERS (£250) (See Annex A for information on the ante- and post-natal periods.)**

- Pregnant (ante-natal period)
- New mother (post-natal period)

- **ADDITIONAL WEEKLY PAYMENTS FOR PREGNANT WOMEN AND CHILDREN UNDER 3**

- Pregnant (ante-natal period)
- Number of children under 1 year.....
- Number of children over 1 but under 3 years.....

- **CLOTHING FOR CHILDREN (£5 PER WEEK)**

- Number of children .....

- **EXCEPTIONAL SPECIFIC NEEDS**   
(please give details on page 3)

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## Additional Information.

Please use the box provided below to give clear details of the further information you are submitting to support your application for additional support under section 4. This may be evidence of medical appointments and details of additional travellers and the reason why they are accompanying you; evidence of pregnancy or birth and information about exceptional specific needs. Please note that if the relevant evidence is not submitted, we will not consider your application. (See Annex A for Guidance)

Continue on separate sheet if necessary

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**ACCEPTANCE FORM**

In order that we can promptly arrange additional support for you, please complete and return the acceptance form below. Your application for additional support will not be considered unless this acceptance form has been completed fully. Application forms must be signed and dated.

**To**

**In submitting this application for additional support under section 4 of the Immigration and Asylum Act 1999 (“the 1999 Act”) as set out in regulations 3-9 of the Immigration and Asylum (Provision of Services or Facilities) Regulations 2007, I understand:**

- **the criteria for eligibility for additional support for section 4 service users, and that I must continue to meet these criteria to remain eligible for, and be provided, with additional support.**
- **that to be eligible for additional support I must continue to fulfil the eligibility criteria for support under section 4 of the 1999 Act, be destitute and comply with the conditions of section 4 support.**

**Name** .....

**Signed** .....

**Dated** .....



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ANNEX A**

**Guidance**

This guidance is intended to be used when making an application for additional non-accommodation related needs. The guidance sets out the criteria for each provision and the supplementary evidence needed in order to qualify for the provision.

**PROVISIONS:**

**1. TRAVEL**

- 1.1 A section 4 supported person may apply for assistance towards travel to either receive healthcare treatment or to register the birth of a child.
- 1.2 The supported person should include the cost of travel for either healthcare treatment or registering a birth where known.
- 1.3 In the case of registering the birth of a child, the supported person will be accompanied by either a UK Border Agency officer or an employee of the accommodation provider to the Registrar.
- 1.4 The supported person may also apply for assistance towards travel for one or more dependants or a parent or guardian if the person requiring healthcare treatment is under 18 years old. All those claiming travel assistance must be receiving support under section 4. The applicant must explain why the additional person(s) need to travel.
- 1.5 The supported person will need to complete this application form and submit it to the relevant asylum team.
- 1.6 Supplementary evidence required - In the case of registering the birth of a child, proof of the child's birth will need to be attached to this form such as the original hospital delivery notes or verification from the accommodation provider. In the case of healthcare treatment, evidence of the appointment should be attached to this form.
- 1.7 An application for assistance towards travel should be made before travel. However in an emergency, this form may be completed after travel has occurred, attaching the relevant supplementary evidence, e.g. a doctor's note.

**2. BIRTH CERTIFICATE**

- 2.1 A supported person may apply for travel to obtain a child's full birth certificate;
- 2.2 Supplementary evidence required – e.g. an original note from the hospital where the child was born. Attach this note to the application form.
- 2.3 To enable a child to be recorded as a dependant of the supported person, please ensure that the appropriate section in Annex B is fully completed.
- 2.4 Application for additional weekly payments for children under the age of 3 and additional assistance with clothing can be made at the same time.

**3. ONE-OFF PAYMENT FOR PREGNANT WOMEN / NEW MOTHERS (£250)**

- 3.1 This one-off payment is for pregnant women during the ante-natal period (eight weeks before the expected date of birth until the actual date of birth); **or**
- 3.2 For new mothers (if such support has not been provided under paragraph 3.1), during the post-natal period (from the child's date of birth until six weeks after the birth);
- 3.3 The value of this additional support payment is £250;
- 3.4 Supplementary evidence required - If the supported person is in the ante-natal period when making an application for a one-off payment, then the original MATB1

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form must be enclosed. The form MATB1 is a maternity certificate which is issued by a doctor or midwife. If the supported person is in the post-natal period when making an application for a one-off payment, then the child's original Birth Certificate must be submitted.

### **4. ADDITIONAL WEEKLY PAYMENTS (£3 or £5 PER WEEK)**

- 4.1 For the duration of pregnancy, a supported person may apply for additional weekly payments to the value of £3 per week;
- 4.2 A parent or guardian may apply for additional weekly payments for supported children up to the age of three. The payment amount is £5 per week for babies under one year old and £3 for children aged over one year old until their third birthday. The parent or guardian may apply for this provision at the same time as applying to add the child as a dependant using Annex B of this form.
- 4.3 Supplementary evidence required - If the supported person is in the ante-natal period when making an application for the additional weekly payment, the original MATB1 form must be submitted. If the supported person is in the post-natal period when making an application for the additional weekly payment, the child's original Birth Certificate must be submitted.

### **5. CLOTHING FOR CHILDREN (£5 PER WEEK)**

- 5.1 Applicants with dependant children may apply for additional weekly payments to the value of £5 per week per child redeemable for clothing for the child up until his/her sixteenth birthday;
- 5.2 If the child is not already supported as a dependant, the parent or guardian should apply to add the child by using Annex B of this form. Where the child is a newborn, this can be done at the same time as applying for assistance with the birth certificate.

### **6. EXCEPTIONAL SPECIFIC NEEDS**

- 6.1 A supported person may apply for additional support in the case of an exceptional need for certain services or facilities;
- 6.2 Supplementary evidence required - The supported person must state the reason why the additional assistance is required and explain clearly why the need is exceptional. Any supporting evidence should be submitted alongside this form.

### **MISCELLANEOUS:**

### **7. WHERE TO SEND THE COMPLETED APPLICATION FORM**

- 7.1. Annex C contains the address and fax numbers of all the Asylum Teams.

### **8. COMPLETING ANNEX B**

- 8.1 Annex B contains sections where supported persons may list dependants who are also to be provided with support e.g. travel, or to add new dependants.

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## Annex B

Include details of your dependants (husband/wife/civil partner/partner/child/other, if applicable) in your application for additional support. If you are registering a new dependant mark this clearly in the heading.

<b>Dependant 1</b> (*existing dependant / new dependant )			
Surname:		Other names:	
Date of birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nationality:
His relationship to you:		Occupation:	
Name and address of school, college or university (if this applies)  How long has he been at this school? Is he studying for an exam (please provide details)?		Address (if different from the main support applicant)	
Immigration status:		Home Office reference number (if any):	
Port reference number (if any):		Asylum Support reference number (if any):	

<b>Dependant 2</b> (*existing dependant / new dependant )			
Surname:		Other names:	
Date of birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nationality:
His relationship to you:		Occupation:	
Name and address of school, college or university (if this applies)  How long has he been at this school? Is he studying for an exam (please provide details)?		Address (if different from the main support applicant)	
Immigration status:		Home Office reference number (if any):	
Port reference number (if any):		Asylum Support reference number (if any):	

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<b>Dependant 3</b> (*existing dependant / new dependant )			
Surname:		Other names:	
Date of birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nationality:
His relationship to you:		Occupation:	
Name and address of school, college or university (if this applies)  How long has he been at this school? Is he studying for an exam (please provide details)?		Address (if different from the main support applicant)	
Immigration status:		Home Office reference number (if any):	
Port reference number (if any):		Asylum Support reference number (if any):	

<b>Dependant 4</b> (*existing dependant / new dependant )			
Surname:		Other names:	
Date of birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nationality:
His relationship to you:		Occupation:	
Name and address of school, college or university (if this applies)  How long has he been at this school? Is he studying for an exam (please provide details)?		Address (if different from the main support applicant)	
Immigration status:		Home Office reference number (if any):	
Port reference number (if any):		Asylum Support reference number (if any):	

Continue on separate sheet if necessary

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## Annex C

See Annex A for Guidance

<b>Scotland and Northern Ireland</b>	<b>North East, Yorkshire &amp; Humberside</b>
Asylum Support Team UK Border Agency Festival Court 3 200 Brand Street Glasgow G51 1DH <b>Fax: 0141 555 1562</b>	Section 4 Team 1 <sup>st</sup> Floor Waterside Court North East, Yorkshire & Humber UK Border Agency Kirkstall Road Leeds LS4 2QB. <b>Fax: 0870 336 9347</b>
<b>North West</b>	<b>Midlands and East of England</b>
North West Local Immigration Teams UK Border Agency 4th Floor Reliance House Liverpool L2 8XU <b>Fax: 0151 213 2425</b>	Asylum Support Team UK Border Agency Asylum Team Midlands P O Box 13718 Solihull B91 9GQ <b>Fax: 0121 704 5464</b>
<b>Wales</b>	<b>South West of England</b>
Asylum Support Team UK Border Agency Floor 1, General Buildings 31-33 Newport Road Cardiff CF24 0AB <b>Fax: 0870 336 9338</b>	Asylum Support Team UK Border Agency Conference House Portishead Business Park Conference Avenue Portishead BS20 7LZ <b>Fax: 01275 841 550</b>
<b>Central London</b>	<b>West London</b>
London Area Asylum Support Team 1st Floor Becket House 60-68 St Thomas Street London SE1 3QU <b>Fax: 08703369346</b>	Asylum Support Team Eaton House 581 Staines Road Hounslow Middlesex TW4 5DL <b>Fax: 0208 814 5059</b>
<b>Kent/Hampshire/Sussex</b>	<b>Thames Valley &amp; Surrey</b>
Sponsor and Asylum Support Team UK Border Agency Kent LIT Martello House Shearway Business Park Shearway Road Folkestone Kent CT19 4RH <b>Fax: 01303 299070</b>	Asylum Support Team Bedford Lakes PO Box 420 Feltham Middlesex TW14 9BR <b>Fax: 0208 917 2091</b>

**Case Assurance and Audit Unit (Where the asylum claim was made before 5th March 2007)**

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Immigration Group  
North West Local Immigration Teams  
UK Border Agency  
4th Floor, Reliance House  
Liverpool  
L2 8XU  
**Fax: 0870 336 9345**