

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES**



Home Office

UK Border Agency

Section 4 Team

Block B, Whitgift Centre, Wellesley Road, Croydon, CR9 1AT

Fax: 020 8604 6034/6908

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

PLEASE COMPLETE ALL RELEVANT SECTIONS AND FAX OR POST TO THE ADDRESS ABOVE

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:

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.

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
 ADDITIONAL NEEDS APPLICATION FORM
 SECTION 4 TEAM CASES**

Annex B completed and attached	Yes	
	No	

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 SUPPLY OF VOUCHERS 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 VOUCHERS 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)**

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES**

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

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES**

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

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES**

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 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.
- 1.4 The supported person will need to complete this application form and submit it to the relevant asylum team.
- 1.5 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.
- 1.6 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. a the 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 vouchers for children under the age of 3 and additional assistance with clothing can be made at the same time.

3. ONE-OFF SUPPLY OF VOUCHERS FOR PREGNANT WOMEN / NEW MOTHERS (£250)

- 3.1 This one-off supply of vouchers 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 is £250 in vouchers;

PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES

3.4 Supplementary evidence required - If the supported person is in the ante-natal period when making an application for a one-off voucher, then the original MATB1 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 supply of vouchers, then the child's original Birth Certificate must be submitted.

4. ADDITIONAL WEEKLY VOUCHERS (£3 or £5 PER WEEK)

4.1 For the duration of pregnancy, a supported person may apply for additional weekly vouchers to the value of £3 per week;

4.2 A parent or guardian may apply for vouchers for supported children up to the age of three. The voucher amount is £5 per week for babies under one year old and £3 for children aged over one year 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 voucher, 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 voucher, 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 vouchers 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 Regional Asylum Teams as well as the Section 4 Team address and fax number;

7.2. If the supported person's asylum application was not considered by one of the Regional Asylum Team's, he must send his application to the Section 4 Team in Croydon.

8. COMPLETING ANNEX B

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES**

- 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.

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
 ADDITIONAL NEEDS APPLICATION FORM
 SECTION 4 TEAM CASES**

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.

Dependant 1 (*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):	

Dependant 2 (*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):	

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
 ADDITIONAL NEEDS APPLICATION FORM
 SECTION 4 TEAM CASES**

Dependant 3 (*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):	

Dependant 4 (*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

**PROVISION OF SERVICES OR FACILITIES FOR SECTION 4 SERVICE USERS
ADDITIONAL NEEDS APPLICATION FORM
SECTION 4 TEAM CASES**

Annex C

Croydon	
Section 4 Team (for those section 4 service users whose applications for additional services are being handled by the central section 4 team)	
Address: Block B Whitgift Centre Wellesley Road Croydon CR9 1AT	Fax: 0208 604 6908 / 6034