



Please return the completed form to:  
 UK Border Agency  
 CRD Distribution Hub  
 PO Box 1885, Croydon, CR90 9AG  
 Tel: 0845 602 1739  
 Fax: 0208 604 6034 / 6908

## APPLICATION FOR SUPPORT UNDER SECTION 4 OF THE IMMIGRATION AND ASYLUM ACT 1999 FOR FAILED ASYLUM SEEKERS

**Please fill in this form in BLOCK CAPITALS using black ink**  
*Please read the accompanying Guidance Notes before filling out this form*

| <b>Part 1</b>   |   | <b>Personal Details- see Note 1</b>   |                                 |                                |                                     |
|---|---|---|---------------------------------|--------------------------------|-------------------------------------|
| 1   | Full name including any names previously used and aliases   | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....<br><br>Surname:<br>First name:<br>Other names used/alias:   |                                 |                                |                                     |
| 2   | Date of birth   | (     /     /     ) (day/month/year)  |                                 |                                |                                     |
| 3   | Nationality   |   |                                 |                                |                                     |
| 4   | Case Status   | Appeal Rights Exhausted <input type="checkbox"/> Further Submissions <input type="checkbox"/><br>Out of Time Appeal submitted <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....   |                                 |                                |                                     |
| 5   | Are you:  | Married <input type="checkbox"/> Divorced <input type="checkbox"/> In civil partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/><br>Surviving Civil Partner <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> (please specify)..... |                                 |                                |                                     |
| 6   | Reference Numbers (Please complete at least one if known)   | Home Office:.....   | National Insurance Number:..... |                                |                                     |
|   |   | Port Reference: .....   |                                 |                                |                                     |
|   |   | Support Reference: .....  |                                 |                                |                                     |
|   |   | (previously NASS)   |                                 |                                |                                     |
| 7   | Do you have an ARC?   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If 'yes' what is the ARC (IFB) reference? .....   |                                 |                                |                                     |
| 8   | Do you hold any identification documents?<br>(If no, go to question 9)<br><br>Please state if currently held by UKBA. | Document  | Held by you<br><b>Yes/No?</b>   | Held by UKBA<br><b>Yes/No?</b> | Details including reference numbers |
|   |   | Passport  | .....                           | .....                          | .....                               |
|   |   | Driving Licence   | .....                           | .....                          | .....                               |
|   |   | Other please specify  | .....                           | .....                          | .....                               |
| 9   | Who is your UKBA Caseowner?<br>(if known)   |   |                                 |                                |                                     |
| 10  | Your / Your representative's contact telephone number   | (Please include details of whose number it is)<br>Your number:.....<br>Your representative's number:.....<br>Your representative's fax number:.....<br>Who should we contact? You <input type="checkbox"/> Your representative <input type="checkbox"/>   |                                 |                                |                                     |
| <b>Continue to Part 2 of this form – we will ask you about the personal details of your dependants you wish to apply for support for later in this form (Part 4).</b> |   |   |                                 |                                |                                     |

| Part 2 You need to complete sections 2a, 2b and 2c |  |
|--|--|
| <b>Part 2a</b>                                     | <b>Destitution - see Note 2a</b>   |
| 11   | <p><b>I CONSIDER THAT I AM ELIGIBLE FOR SUPPORT UNDER SECTION 4 BECAUSE:</b><br/> <b>(Tick a box as appropriate)</b><br/> <input type="checkbox"/> <b>I AM DESTITUTE</b><br/> <b>(Note: You should demonstrate, in your answers to questions 17-30 below, that you are without adequate accommodation or the means of obtaining it now, or within 14 days, or, if you have adequate accommodation, that you cannot meet your other essential living needs now, or within 14 days. If you have been without support from the UK Border Agency or a local authority for some time, you will be expected to explain how you have supported yourself during this period. Please continue on a separate sheet if necessary)</b></p>   |
| <b>Part 2b</b>                                     | <b>Other Criteria – see Note 2b</b>  |
| 12   | <p><b>AND I SATISFY AT LEAST ONE OF THE CRITERIA LISTED BELOW (PLEASE TICK ALL THAT APPLY) as set out under 3(2) of the Immigration and Asylum (Provision for Accommodation to Failed Asylum-Seekers) Regulations 2005</b></p> <p><input type="checkbox"/> <b>I am taking all reasonable steps to leave the UK voluntarily or I am placing myself in a position in which I will be able to leave.</b></p> <p><input type="checkbox"/> <b>I am unable to leave the UK by reason of a physical impediment to travel or for some other medical reason.</b></p> <p><input type="checkbox"/> <b>I am unable to leave the UK because in the opinion of the Secretary of State there is currently no viable route of return available.</b></p> <p><input type="checkbox"/> <b>I have made an application for Judicial Review of a decision in relation to my asylum claim. (Note: You should provide confirmation that you have applied for Judicial Review of a decision in relation to your asylum claim [in Scotland], or that you have applied for Judicial Review of such a decision and have been granted permission to proceed [in England and Wales] or granted leave [in Northern Ireland])</b></p> <p><input type="checkbox"/> <b>I require support in order to avoid a breach of a person’s rights under the European Convention on Human Rights (ECHR).</b></p> |

| Part 3 |   | Your current position – see Note 3  |
|--------|---|---|
| 17     | Have you been in receipt of Section 95 Support in the last 21 days? | <b>No</b> <input type="checkbox"/> go to question 18<br><b>Yes</b> <input type="checkbox"/> go to question 22   |
| 18     | Have you applied for Section 4 Support before?                      | <b>No</b> <input type="checkbox"/><br><b>Yes</b> <input type="checkbox"/> When did you last apply for Section 4 Support?<br>(     /     /     ) (day/month/year)  |
| 19     | Have you been refused Section 4 Support before?                     | <b>No</b> <input type="checkbox"/><br><b>Yes</b> <input type="checkbox"/> When were you last refused Section 4 Support and why?<br>(     /     /     ) (day/month/year)<br>.....<br>.....<br>.....<br>..... |

|    |   |   |
|----|---|---|
| 20 | Have you applied for and been offered Section 4 Support before but did not take up the offer of support?                    | <p><b>No</b> <input type="checkbox"/></p> <p><b>Yes</b> <input type="checkbox"/> Explain why you did not take up that offer of support below.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>   |
| 21 | Have you had Section 4 Support discontinued?  | <p><b>No</b> <input type="checkbox"/> go to question 22</p> <p><b>Yes</b> <input type="checkbox"/> Provide the reasons given, by either UKBA or the Tribunal Service – Asylum Support (TSAS), for the discontinuation of your support below.</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| 22 | How have your circumstances changed since your support was discontinued, or how have they changed within the last 6 months? | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>  |
| 23 | Please explain why you can no longer support yourself and provide any evidence.   | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>  |
| 24 | Do you have anywhere to sleep tonight?  | <p><b>No</b> <input type="checkbox"/> Explain below why you need accommodation straight away</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Yes</b> <input type="checkbox"/> Give further details, including how long you will be able to stay at this address for.</p>  |

|    |   |   |   |
|----|---|---|---|
|    |   | Relationship to you of the person whose address where you can stay:   |   |
|    |   | Address:<br>.....<br>.....<br>.....   |   |
|    |   | Is this address a recognised homeless shelter?<br><b>Yes</b> <input type="checkbox"/> Please provide documentary evidence<br><b>No</b> <input type="checkbox"/>   |   |
| 25 | Please provide the address at which you have been staying   | .....<br>.....<br>.....<br>Landlords name:.....<br>Tel No:.....<br>If the accommodation is provided by UKBA, please give the Provider's name:<br>.....  |   |
| 26 | How long have you been at this address?   | .....Days .....Months.....Years<br>(if you do not know exactly, please give as much detail as possible)   |   |
| 27 | Please provide the following details of this accommodation.<br><br>(Please see guidance Note 3 for further information)     | Why can you no longer stay at this address?<br>.....<br>.....<br>.....<br>Have you paid money to live there? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If Yes: How much did you pay and who did you pay the money to?<br>.....<br>..... |   |
| 28 | Would you like UKBA to contact you directly at this address about this application?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 29 | Would you also like UKBA to contact your representative?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 30 | If you have not been on continuous Section 95 Support and/or on Section 4 Support for the last 6 months, please provide the | Their relationship to you:  |   |
|    |   | Address:<br>.....   | How long did you stay there for:<br>..... |

|    |   |   |                                  |
|----|---|---|----------------------------------|
|    | addresses of anywhere you have stayed for more than 4 weeks in the last 6 months. (Continue on another sheet if necessary)  | .....<br>.....<br>.....<br>.....                        | .....<br>.....<br>.....<br>..... |
| 31 | If you are in a relationship and your partner, spouse or civil partner is not named as a dependant on this application, please explain why they cannot support you. | .....<br>.....<br>.....<br>.....                        | .....<br>.....<br>.....<br>..... |
| 32 | Can any friends, relatives or charitable organisations in the UK, provide you with adequate accommodation or financial support?                                     | <b>No</b> <input type="checkbox"/>                      |                                  |
|    |   | <b>Yes</b> <input type="checkbox"/> Please give details |                                  |
|    |   | Name and relationship to you                            | Address                          |
|    |   | .....<br>.....<br>.....<br>.....                        | .....<br>.....<br>.....<br>..... |

**Part 4** **Dependants to be included in your application for Support – see Note 4**

**Dependant 1**

|  |  |                                    |
|--|--|------------------------------------|
| Full name including any names previously used and aliases                            | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....<br>Surname: ..... First name.....<br>Other names used/alias:.....<br>Relationship to you:..... |                                    |
| Date of birth  | (     /     /     ) (day/month/year)   |                                    |
| Nationality  |  |                                    |
| Immigration Status   |  |                                    |
| Address (if different from yours)<br><br>Please explain why they live apart from you | .....<br>.....<br>.....<br>.....   |                                    |
| Please state if currently in education   | Name of College/School:<br>.....   | Current Educational Year:<br>..... |
|  | Address: .....<br>.....  | Any other information:<br>.....    |

|  |   |   |
|--|---|---|
|  | .....   | .....   |
| Reference Numbers  | Home Office:.....<br>Port Reference: .....<br>Support Reference: .....<br>(previously NASS)<br>ARC (IFB) Reference:.....  | National Insurance<br>Number:.....  |
| <b>Dependant 2</b>   |   |   |
| Full name including any names previously used and aliases                        | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....<br><br>Surname:.....First name:.....<br>Other names used/alias:.....<br>Relationship to you:..... |   |
| Date of birth  | ( / / ) (day/month/year)  |   |
| Nationality  |   |   |
| Immigration Status   |   |   |
| Address (if different from yours)<br>Please explain why they live apart from you | .....<br>.....<br>.....   |   |
| Please state if currently in education   | Name of College/School:<br>.....<br>Address: .....<br>.....<br>.....  | Current Educational Year<br>.....<br>Any other information:<br>.....<br>..... |
| Reference Numbers  | Home Office:.....<br>Port Reference: .....<br>Support Reference: .....<br>(previously NASS)<br>ARC (IFB) Reference: .....   | National Insurance<br>Number:.....  |
| <b>Dependant 3</b>   |   |   |
| Full name including any names previously used and aliases                        | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....<br><br>Surname:.....First Name:.....<br>Other names used/alias:.....<br>Relationship to you:..... |   |
| Date of birth  | ( / / ) (day/month/year)  |   |
| Nationality  |   |   |
| Immigration Status   |   |   |

|  |  |  |
|--|--|--|
| Address (if different from yours)<br>Please explain why they live apart from you | .....<br>.....<br>.....<br>.....                   |  |
| Please state if currently in education   | Name of College/School:<br>.....<br>Address: ..... | Current Educational Year:<br>.....<br>Any other information:<br>.....<br>..... |
|  | Home Office:.....<br>Port Reference: .....         | National Insurance Number:<br>.....  |
| Reference Numbers  | Support Reference: .....                           |  |
|  | (previously NASS)<br>ARC (IFB) Reference:.....     |  |

**Dependant 4**

|  |   |  |
|--|---|--|
| Full name including any names previously used and aliases                        | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (please specify)..... |  |
|  | Surname:.....First name:.....   |  |
|  | Other names used/alias:.....  |  |
|  | Relationship to you:.....   |  |
| Date of birth  | ( / / ) (day/month/year)  |  |
| Nationality  |   |  |
| Immigration Status   |   |  |
| Address (if different from yours)<br>Please explain why they live apart from you | .....<br>.....<br>.....<br>.....  |  |
| Please state if currently in education   | Name of College/School:<br>.....<br>Address: .....  | Current Educational Year:<br>.....<br>Any other information:<br>.....<br>..... |
|  | Home Office:.....<br>Port Reference: .....  | National Insurance Number:<br>.....  |
| Reference Numbers  | Support Reference: .....  |  |
|  | (previously NASS)<br>ARC (IFB) Reference: .....   |  |

**Part 5 Financial position of you and your dependants (included on this application) - see Note 5**

|    |   |  |
|----|---|--|
| 33 | Are you or any of your dependants currently employed or have you or your dependants previously been | <b>No</b> <input type="checkbox"/> go to question 34<br><b>Yes</b> <input type="checkbox"/> Please give names and addresses of the employer below and how long worked for them, detail <u>all</u> those this applies to. |
|----|---|--|

|   | employed in the last 6 months?  |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|---|--|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| You or Dependant?<br>(Provide name)                               |   | Employer's Name  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   |   | Address  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   |   | Dates to and from  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   |   | .....  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   |   | .....  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   |   | .....  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   |   | .....  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 34  | Do you, or any of your dependants, have any income (please list all income including any state benefits eg child benefits), cash, savings investments or assets? (see guidance notes for further information) | <p><b>No</b> <input type="checkbox"/> go to Part 6</p> <p><b>Yes</b> <input type="checkbox"/> please give details</p> <table border="1"> <thead> <tr> <th>Name (including name of benefit if applicable and dates received)</th> <th>Total Value</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> </tbody> </table> | Name (including name of benefit if applicable and dates received) | Total Value | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |
| Name (including name of benefit if applicable and dates received) | Total Value   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| .....   | .....   |  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Part 6</b>   |   | <b>Reasonable steps to leave the UK - see Note 6</b>   |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   |   | <b>If you have not applied under this criterion then go to Part 7.</b>   |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 35  | Have you tried to obtain documentation to be able to return home?   | <p><b>Yes</b> <input type="checkbox"/> please tell us the steps you are taking to obtain this documentation</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>No</b> <input type="checkbox"/> go to question 36</p>   |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 36  | Have you applied to the International Organization for Migration (IOM) for Assisted Voluntary Return (AVR)?   | <p><b>No</b> <input type="checkbox"/> please explain why you have not applied</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Yes</b> <input type="checkbox"/> please tell us what documents you have (see Part 1 question 7) and submit them within 5 working days after submission of this application</p>  |   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |



|               |  |  |
|---------------|--|--|
|               |  | we will request the full birth certificate later)<br>.....<br>.....  |
| 41            | If the medical condition relates to pregnancy, why is the father not able to offer support?  | .....<br>.....<br>.....<br>.....<br>.....  |
| <b>Part 8</b> |  | <b>No viable route of return – see Note 8<br/>If you have not applied under this criterion then go to Part 9.</b>  |
| 32            | Complete the following statements:<br><br>I am a national of ..... (Nationality)<br>The Secretary of State stated on        /        /        (day/month/year) that there is currently no viable route of return to ..... (Country). |  |
| <b>Part 9</b> |  | <b>Judicial Reviews - see Note 9<br/>If you have not applied under this criterion then go to Part 10</b>   |
| 43            | Have you applied for a Judicial Review in relation to your asylum claim?   | <b>No</b> <input type="checkbox"/> go to Part 10<br><b>Yes</b> <input type="checkbox"/> When did you apply<br>(        /        /        )        (day/month/year)   |
| 44            | Do you have a legal representative?  | <b>No</b> <input type="checkbox"/> go to question 45<br><b>Yes</b> <input type="checkbox"/> please give their details below<br>Name: .....<br>Address: .....<br>.....<br>.....<br>Telephone number: .....                      |
| 45            | Has your case been given permission to proceed or granted leave to proceed?  | <b>No</b> <input type="checkbox"/> go to Part 10<br><b>Yes</b> <input type="checkbox"/> Please submit evidence of permission to proceed from court<br><b>(Note: only applicable to England, Wales and/or Northern Ireland)</b> |





|  |                          |
|--|--------------------------|
| Birth certificates   | <input type="checkbox"/> |
| Medical Declaration  | <input type="checkbox"/> |
| MATB1 or certified letter from medical professional (in pregnancy cases) | <input type="checkbox"/> |
| Marriage or civil partnership certificates                               | <input type="checkbox"/> |
| Other identity documents (i.e. identity cards, Driving Licence)          | <input type="checkbox"/> |
| Medical evidence   | <input type="checkbox"/> |
| Flight tickets   | <input type="checkbox"/> |
| IOM application  | <input type="checkbox"/> |
| Permission to proceed with Judicial Review                               | <input type="checkbox"/> |
| Other evidence(please specify)   | .....<br>.....           |

|                |  |
|----------------|--|
| <b>Part 12</b> | <b>Warning and Declaration - see Note 12</b> |
|----------------|--|

|    |   |
|----|---|
| 51 | <p><b><u>IMPORTANT</u></b><br/> The information you have provided to the UK Border Agency will be treated in confidence. However, it may be disclosed to other UK government departments or agencies, local authorities, law enforcement agencies, foreign governments and other bodies for immigration or research purposes to carry out their functions. The UK Border Agency may also obtain information about you from other organisations (including credit reference agencies) to assess whether you are eligible for section 4 support.</p> <p>In submitting this application for support under section 4 of the Immigration and Asylum Act 1999, I understand that I am also accepting the conditions under which this support is provided. Conditions may include specified standards of behaviour, reporting, residence, complying with steps to facilitate departure from the UK. These conditions will be set out in a notice in writing.</p> <ul style="list-style-type: none"> <li>• I understand the criteria for eligibility for support under section 4, and that I must continue to satisfy the relevant criteria to remain eligible for and be provided with support.</li> <li>• I understand that should a decision be taken to provide me with support under section 4, I will be notified of the conditions under which support is provided. I also understand that should I fail to comply with any of these conditions the support provided to me may be discontinued for breach of condition.</li> <li>• I understand that should a decision be taken to provide me with support under section 4, it may be necessary for me to relocate to another area to access this support on a no choice basis. I understand that any failure on my part to conform to the UK Border Agency's reporting requirements will immediately affect my ability to claim this support. Failure to comply with a condition of reporting imposed in a notice in writing may result in discontinuation of support for breach of conditions.</li> <li>• I understand that failure to disclose all necessary information regarding myself or any dependants may lead to the withdrawal of section 4 support.</li> <li>• I understand that failure to disclose all necessary financial information regarding myself or any of my dependants may lead to information being passed to the police or other agencies for investigation.</li> <li>• I understand that my dependants, if I have any, may also be provided with support under section 4 subject to the same conditions as myself. If any of the conditions on the continued provision of support to my dependants vary from my own, those conditions shall be set out separately to them in writing.</li> </ul> |
|----|---|

|    |                |  |
|----|----------------|--|
| 52 | Your signature |  |
|----|----------------|--|

|    |                 |  |
|----|-----------------|--|
| 53 | Print your full |  |
|----|-----------------|--|

|  |  |   |
|--|--|---|
|  | name:                                      |   |
| 54   | Date:                                      | (     /     /     ) (day/month/year)  |
| <b>Part 13 If someone helped you to fill in the form - see Note 13</b>   |  |   |
| 55   | Did anyone help you to complete this form? | <b>No</b> <input type="checkbox"/><br><b>Yes</b> <input type="checkbox"/> please give their details below and ask them to read and sign the declaration below before sending the form to the UKBA<br><br>Name: .....<br>Address: .....<br>.....Telephone number:..... |
| <b>I can confirm that I have included all the necessary evidence that the client has provided to support this application. I have accurately recorded the information that the applicant provided.</b>   |  |   |
| Your signature:  |  |   |
| Print your full name:  |  |   |
| Date: (     /     /     ) (day/month/year)   |  |   |
| <b>Please submit this form by either post or fax to (All original documents must be sent by post within 5 working days):</b>   |  |   |
| <b>UK Border Agency<br/> CRD Distribution Hub<br/> PO Box 1885<br/> Croydon<br/> CR90 9AG<br/> Fax: 0208 604 6034/6908</b>   |  |   |
| <b>Please note that if this application for support is successful then you may be entitled to additional payments. To see what additional payments you may qualify for go to <a href="http://www.bia.homeoffice.gov.uk/asylum/support/apply/section4">http://www.bia.homeoffice.gov.uk/asylum/support/apply/section4</a>. If you believe you qualify for additional services or facilities please select the payment/s you wish to apply for on the next page.</b> |  |   |

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

**Please complete the relevant fields for the additional services or facilities you believe you may be entitled to.**

**Please note that if your initial application for support is unsuccessful you will not qualify for these provisions.**

• **TRAVEL**

○ Healthcare treatment

○ Registrar

Number of additional travellers: .....

(please give details of who in the Additional Information box below)

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- natal and post-natal periods.)**

○ Pregnant (ante-natal period - no earlier than 8 weeks before EDD)

○ New mother (post-natal period - no later than 6 weeks after birth)

• **ADDITIONAL WEEKLY VOUCHERS FOR PREGNANT WOMEN AND CHILDREN UNDER 3 YEARS**

○ Pregnant (ante-natal period – no earlier than 8 weeks before EDD)

○ 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 provide details in the Additional Information box below)

**Additional Information**

Please use the box provided to give clear details of the further information you are submitting to support your application for additional services or facilities under section 4. This may be evidence of medical appointments; details of additional travellers and the reason why they are accompanying you; evidence of pregnancy or birth and information about exceptional specific

