To assist with your request please fill in Section one. Section Two is to gives us an idea about who’s making the request.

|  |
| --- |
| SECTION ONE: Officer making the requests details |
| Name |  | Shoulder number: |
| Station location |  | Rank: |
| Email |  |
| Contact number |  |

|  |
| --- |
| SECTION TWO: Tell us about you and your family |
| How many people in total live in your house? |  |
| Can you identify below the persons who live in your house in the following age / gender groups?  |
| Ages  | 0-5 yrs | 6-18 yrs | 19-40 yrs | 41-59 yrs | 60 + |
| Males at home  |  |  |  |  |  |
| Females at home |  |  |  |  |  |
| How many people live in your house in the following groups: (please write the number in the box) |
| Elderly care |  | Physically Disabled |  | Mentally Disabled |  |  |  |
| Unusual items required that LALS can consider support with? |
|  |
| Was there an emergency that caused you to make a request to LALS? |
|  |

I certify that I am a member of the household listed above and that on behalf of this household I have applied for Law and Larder Scheme support items. I certify that all information regarding my household is true to the best of my knowledge. I also designate the following person as an authorized representative of my household and certify that their information is correct to the best of my knowledge.

**Member Signature: ……………………………………………………………………………………**

**Date: ……………………………………………………………………………………………………………**

Thank you please submit to, wiltshirepf@polfed.org

