

# APPLICATION FOR ASSISTED PRISON VISITS

For official use only

Help with travelling expenses to visit close relatives in prison

Please read the Information Booklet that came with this form before you fill it in. All sections must be completed in black ink. Please use block capitals.

/

## PART 1 - ABOUT YOU

Title (Mr/Mrs/Miss/Ms)

Surname

Forenames

Date of Birth

National Insurance Number

Address

Postcode

Phone No  Code  Number

Have you applied to us before?  Yes  No

Name of prison being visited

At which Post Office will you cash your girocheque?

### Are you the prisoner's:

**Close relative?**  (See Information Booklet, Section 2.1)  
What is your relationship to the person you are visiting?

**Partner?**  (See Information Booklet, Section 2.2)  
Were you living as a couple, in an established relationship, immediately before the period of prison custody was imposed?  Yes  No

**Sole Visitor?**  (See Information Booklet, Section 2.3)

### All close relatives, partners and sole visitors must complete this section.

Do you need someone to help you during the journey? (see Information Booklet, section 2.5 and 6.1d.)

Yes  No  If YES complete below?

Note: your escort is also required to complete a claim form.

**Medical**  **Aged 75 years or over**

If **Medical** enclose your Disability Living Allowance award notice or ask your doctor to confirm the special needs in writing. There is no need to delay sending this form but please forward the doctor's letter as soon as you receive it.

Are you escorting someone to the prison?  Yes  No If YES go to Part 3

## PART 2 - ABOUT YOUR INCOME (See Information Booklet Section 3)

### I, OR THE PERSON WHO CLAIMS BENEFIT FOR ME:

Receive/s **INCOME SUPPORT**

Receive/s **INCOME-BASED JOB SEEKER'S ALLOWANCE**

Receive/s **EMPLOYMENT AND SUPPORT ALLOWANCE  
(INCOME RELATED)**

  
  

*We may need to contact the office that awarded your benefit but we must have your permission. To give permission complete the address box below and sign in the space provided.*

My benefit was awarded by

Post Code

The above office is authorised to deal with enquiries from the APVU in connection with my claim for Assisted Prison Visits

Signature

Date

Receive/s **WORKING TAX CREDIT** (with disability element)

The **original** Tax Credit award notice must be included with this form. **Note** - a maximum income limit applies.

Receive/s **CHILD TAX CREDIT**

The **original** Tax Credit award notice must be included with this form. **Note** - a maximum income limit applies.

Receive/s **PENSION CREDIT**

The **original** Pension Credit award notice must be included with this form.

Hold/s a **HEALTH CERTIFICATE - HC2**

The **original** Health Certificate must be included with this form.

Hold/s a **HEALTH CERTIFICATE - HC3**

The **original** Health Certificate must be included with this form.

The name of the person who claims benefits or receives a Tax Credit award for me and whose name is shown on the above document is:

Name

National Insurance Number

**Note - If you have not ticked one of the above boxes in this Section you will not qualify for assisted prison visits**

## PART 3 - ESCORTS (See Information Booklet para 2.4, 2.5 and Section 3)

I am escorting an adult  (complete below) Someone else's child/children  (complete below)

My child/children  (Go to Part 4)

Give details of the **adult** you are escorting or details of the **parent/carer** of the child/children you are escorting

Their name

Their address

Postcode

**Note:**

### Escorting an Adult

Please ensure both you and the visitor send your application forms to us at the same time  
See Information Booklet para 2.5.

### Escorting Someone Else's Child/Children

Before we can deal with your claim the parent/carer of the child/children you are escorting must write to us to authorise the visit and provide details about their income  
See Information Booklet para 2.4 and Section 3.

Now go to **Part 4**

## PART 4 - ABOUT THE PERSON YOU ARE VISITING

(See Information Booklet Section 4)

Surname  Forenames   
Date of Birth  Male  Female  Prison Number

### For completion by APVU only

Estab  DTIC  /  /  Status   
EDR  /  /  (if applicable) Signature  Date  /  /

## PART 5 - CHILDREN (See Information Booklet para 2.1 and 2.4)

Will you be taking any close relatives of the prisoner who are aged under 18 on the visit? Yes  Fill in details below.

No  Go to Part 6.

Surname	Forenames	Relationship to the prisoner	Date of Birth

Do **you** receive benefits or a Tax Credit award for the above child/children? Yes  Go to Part 6.

No  Ensure you have completed Part 3 then go to Part 6.

## PART 6 - VISIT DATES (See Information Booklet Section 6)

### PLEASE ENSURE YOU COMPLETE THIS SECTION

Enter below the date/s of the visit/s you have made and/or wish to make in the future.

### **NOTE**

**CLAIMS MUST BE SENT TO US WITHIN 28 DAYS OF THE EARLIEST VISIT DATE SHOWN ABOVE. DON'T FORGET TO ENCLOSE A COMPLETED CONFIRMATION OF A VISIT FORM PLUS TICKETS/RECEIPTS.**

**IF YOU ARE APPLYING FOR AN ADVANCE PAYMENT A COMPLETED CONFIRMATION OF A VISIT FORM PLUS TICKETS/RECEIPTS MUST BE SENT TO US WITHIN 28 DAYS OF THE VISIT TAKING PLACE; OR ATTACHED TO YOUR NEXT CLAIM IF SOONER.**

## PART 7 - TRAVEL DETAILS (See Information Booklet Section 6)

State below each stage of the journey to and from the prison. (*Continue on a separate sheet if necessary*)

Time of Departure	From	Time of Arrival	To	Means of Transport	Fare Paid

If you have already made the visit how long did it last?

Date of Visit	Hours	Minutes

Will you/did you stay overnight? (tick one box only) Yes  \* No   
(See Information Booklet - para 6.4)

\*If **Yes** please tell us in a letter or on a separate sheet why it will be/was necessary

## PART 8 - DECLARATION (you must sign this section)

I declare that the information I have given on this form is, to the best of my knowledge true and all supporting evidence is genuine.

I declare that I will send to the APVU the original award notice whenever my Working / Child Tax Credit or Pension Credit or Health Certificate is renewed or amended.

I declare that any monies and/or rail warrant I receive for any future visit will only be used by me to visit the prisoner, or I will return the money and/or rail warrant to the APVU. A completed Confirmation of a Visit form and all tickets/receipts will be sent to the APVU within 28 days of the visit taking place or I will attach them to the next claim if sooner.

I understand that a false declaration may lead to prosecution and/or my suspension from the Assisted Prison Visits Scheme.

Signature

Date

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Before posting look through the form to check that you have answered all the questions that apply to you. If you need to provide supporting documentation make sure it is included, together with appropriate tickets and/or receipts and a completed Confirmation of a Visit form.

Ensure you have read, signed and dated the Declaration above.

**Send your completed application to: APVU, PO Box 2152, Birmingham, B15 1SD**

Assisted Prison Visits Unit - Statement of Purpose

**We aim to promote family ties by contributing to the cost of prison visits by close relatives and partners who are in receipt of a low income**