

**LAKELAND DISABILITY SUPPORT cio**  
Registered Charity 1184060

Name and Address  
of the Disabled Person .....

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Date of Birth .....

Name and Address  
of the Person Applying  
(if different) .....

.....

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Relationship .....

Email address ..... Phone no. ....

Details of Disability .....

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(Please attach supporting  
evidence/letter from GP,  
hospital, social worker, etc) .....

.....

What items or service  
are you applying for .....

.....

Cost  
(please attach quote) .....

Are you applying to any  
other organisation ? .....

If so, for how much ? .....

Signature of the Applicant ..... Date .....

Please send the form to: **LDS Correspondent, 46 Victoria Road North,  
Windermere, Cumbria LA23 2DS**