

Non-residential carer – housing benefit additional room rate application form

To see if you meet the criteria for an extra room rate to be applied please answer the following questions:

Claimant name:

Benefit ref:

Claimant address:

Postcode:

Do you or your partner receive care from a non-residential carer? Yes No

If yes, when did this care begin? Please confirm the date

How long do you expect this overnight care to last?

Does your carer live at an address different to yours? Yes No

Does your carer provide care for you or your partner overnight? Yes No

How regularly does your carer stay overnight to provide care? (tick as applicable)

State the number of nights weekly monthly other

Do you or your partner receive any of the following:

Attendance allowance (AA) Yes No

The daily living component of personal independence payments (PIP) Yes No

Armed Forces independence payment (AFIP) Yes No

Care component of disability living allowance (DLA) at the middle or high rate Yes No

Have you or your partner claimed PIP, AFIP, AA or DLA? Yes No

If you've answered yes to the previous question and your claim was rejected, please can you explain why in the space below.

If you have not claimed PIP, AFIP, AA or DLA please confirm in writing why you did not make a claim using the below space.

Why do you or your partner need to use an overnight carer?

Can you provide any evidence from your GP/social services/mental health worker etc to support your need for an overnight carer? If you have any such documentation, please enclose this with your application form.

Once you have completed this form, please email it to: benefits@norwich.gov.uk

Alternatively you can send it to:

**The benefit service
City Hall
Norwich, NR2 1NH**