

Non-residential carer – Housing Benefit additional room rate

If you, your partner or dependent child (up to age 20) require care and have a carer who stays overnight on a regular basis, you may be entitled to an extra room rate within the Housing Benefit size criteria.

The following conditions must be met to qualify for the extra room rate:

- The carer lives at a different address to your own.
- The carer provides the required overnight care.
- You have an extra bedroom available for their use (if you only have one bedroom you do not qualify for an extra room rate).

Additionally you (or the person receiving care) must receive:

- the care component of Disability Living Allowance at the middle or high rate **or**
- Attendance Allowance **or**
- the daily living component of Personal Independence Payment **or**
- Armed Forces Independence Payment.

If you (or the person receiving care) do not receive any of the benefits listed above you will need to confirm in writing why you qualify for this type of care.

Please provide evidence from a GP, social services, mental health worker, etc. to support the need for an overnight carer.

If you think you are entitled to an extra room rate for non-residential overnight care, please complete the application form. If you have any questions please call the benefits service on 0344 980 3333.

Please note – care provided by other household members (e.g. a partner) does not entitle you to the extra room rate.

This information is correct at 1 April 2017.

Non-residential carer – Housing Benefit additional room rate application form

To apply for the additional room rate
please provide the following information.

Claimant name:

Benefit ref:

Claimant address:

Postcode:

Do you, your partner or a dependent child (up to age 20)
receive care from a non-residential carer?

Yes No

Why do you (or the person receiving care) require an overnight carer?

When did this care begin? Please confirm the date:

Does the carer live at an address different to yours?

Yes No

Does the carer provide care overnight?

Yes No

Why do you (or the person receiving care) require an overnight carer?

How long do you expect this overnight care to last?

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

State the number of nights weekly monthly other

Do you, or the person being cared for, receive any of the following:

- Attendance Allowance (AA) Yes No
- 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 the person receiving non-residential overnight care) claimed for PIP, AFIP, AA or DLA? Yes No

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

If PIP, AFIP, AA or DLA has not been claimed please explain why you have not made a claim in the space below.

If you (or the person receiving overnight care) do not receive PIP, AFIP, AA or DLA please provide evidence from a GP/social services/mental health worker etc. to support the need for an overnight carer. Please enclose this with your application.

Please email completed form to: **benefits@norwich.gov.uk**

Alternatively you can send it to: **Benefits team**
City Hall
Norwich, NR2 1NH



If you would like this information in another language or format such as large print, CD or Braille, please visit www.norwich.gov.uk/intran or call 0344 980 3333