

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| • daily living component of Personal Independence Payments (PIP) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Armed Forces Independence Payment (AFIP) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • care component of Disability Living Allowance (DLA) at the middle or high rate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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