



Housing Benefit - Additional room for a carer

Do you, your partner, a disabled child or a non-dependant adult have a carer who stays overnight in your home?

Is the overnight care provided by a carer who doesn't live in your home?

Do you have a room that the carer uses to sleep in overnight?

If the answer to **all** these questions is yes, the help you get with your rent can take account of this.

A bedroom that is used by a carer or a team of carers who do not actually live in your home can be considered when working out how much Housing Benefit you are allowed.

To qualify:

- you must have a non-resident carer or a team of carers that provides overnight care for you, your partner, a disabled child or a non-dependant adult in your home
- the carer must **regularly** stay overnight at the property to provide the care
- you must have a bedroom that is only used by the carer and for this purpose.
- The person requiring care must be in receipt of Attendance Allowance, the care component of Disability Living Allowance at the highest or middle rate, the daily living component of Personal Independence Payments or the Armed Forces Independence Payment (AFIP).
- If you do not receive Attendance Allowance, Disability Living Allowance, Personal Independence Payments or Armed Forces Independence Payment (AFIP) you may still be entitled if you can satisfy us that you need regular overnight care. You can do this by providing evidence such as medical certificates, a letter from your medical practitioner, any care plans, invoices for care fees or a letter from your social worker.

You will need to complete the attached request form, provide documentary evidence and you will also need to complete the attached consent form.



Form to request an additional bedroom for a carer

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| Claim reference: | |
| Your name: | |
| Your address: | |
| Please state the name and address of the carer's employer. e.g. the name of the agency that provides the care. | |
| | |
| If the care is provided on a voluntary basis, please state the name and address of the carer(s). If there is more than one carer, please list them all. | |
| | |
| Please state the number of hours per week worked by the carer(s). | |
| | |
| How many nights per week does the carer(s) stay over? | |
| | |
| If you pay for the care, please confirm how much you pay? | |
| | |
| Is this weekly / monthly / 4 weekly / other (please circle the one that applies)? | |

Are you, your partner, a disabled child or non-dependant adult receiving Attendance Allowance, Disability Living Allowance care component at the highest or middle rate, the care component of Personal Independence Payments or Armed Forces Independence Payments? Yes / No

If no, then you will need to provide documentary evidence from a medical practitioner or social/support worker giving the reasons why the overnight care is needed for you or your partner.

Signed:

Date:

BCP Council Consent Form

This consent form authorises BCP Council Adult Social Services to disclose relevant information about my care arrangements to Benefits Services for the purposes of assessing the Housing Benefit claim made by:

Name:

Details of the person receiving care:

Name:

Address:

Date of birth:

Customer Consent

I agree that BCP Council Adult Social Services may provide information about my care arrangements for the purpose of assessing my Housing Benefit. I understand that I may withdraw my consent at any time in writing.

Signed:

Date:

(customer/partner of customer/appointee/legal representative - please circle)

Please return both forms signed and dated to:

Revenue and Benefits Services
BCP Council
Town Hall
St Stephens Road
Bournemouth
BH2 6EB