

**Housing Grants, Construction and Regeneration Act 1996**

**Home From Hospital Referral Form**

**Part 1 - Demographics**

1.1 Please provide the following details for the applicant. (Person who is currently in Hospital or has been discharged within 7 days).

Applicant's Name \_\_\_\_\_ Title: Mr/Mrs/Miss/Ms

Applicant's Contact Number/s \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Address \_\_\_\_\_

Postcode \_\_\_\_\_

1.2 Please give any details of any relative/friend/organisation handling the application on the person behalf.

Name \_\_\_\_\_ Title Mr/Mrs/Miss/Ms

Contact Number/s \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

1.3 Please give details of how to access the property if access is required for works?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part 2 - Grant Eligibility and works required

2.1 Please provide proposed discharge date or date of discharge

Date of proposed discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date admitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital & Ward: \_\_\_\_\_

NHS Number: \_\_\_\_\_

Does the patient have COVID-19? Yes\_\_\_\_ No \_\_\_\_

2.2 Works or Equipment required to assist applicant with a summary of the difficulty faced and the expected outcome.

Work required	✓	Notes e.g. Reason & Expected Outcome
Key Safe (please specify required code – must be different digits but can include a letter e.g. 1357A)		
Deep Clean		
House Clearance		
Emergency Electrical works e.g. lighting or repairs		
Emergency Glazing repairs e.g. lock change		
Emergency Plumbing works		
Emergency boiler repairs		
Replacement boiler		
Gas Boiler Servicing		
Gas Fire Servicing		
Gas Safety Check		
Gas Capping		
Carbon Monoxide Alarm		
Lockable medicine box		
Other works (please specify)		

### 2.3 Additional Information

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## Part 3 - Property Ownership and consent

### 3.1 Please provide the details of the owner of the property

Does the client own the property?      Yes [ ☐ ]    No [ ☐ ]

If yes please continue to the declaration section in Part 4, if not please continue to complete this section.

Is the applicant a tenant?    Yes [ ☐ ]    No [ ☐ ]    Is a tenancy agreement in place?    Yes [ ☐ ]    No [ ☐ ]

Please provide the landlord details below.

Landlord name \_\_\_\_\_

Contact Number \_\_\_\_\_

Landlord address (if known) \_\_\_\_\_

Postcode \_\_\_\_\_

#### Part 4 - Authorisation and Declaration

I declare that to the best of my knowledge that the information I have provided is correct.

I hereby confirm explicit consent has been gained by the applicant, power of attorney or other relevant party to make this application.,

I/We authorise Homelife Carlisle HIA, Carlisle City Council, to contact, receive and give information to third parties from whom, or to whom, we refer or signpost to, in order to deliver the grant, ascertain the progress and outcome of any referral and to help speed up the application process.

I/We understand that this may require the disclosure of some of my personal details to the third party or for an agency to disclose relevant to Homelife Carlisle HIA. This may include any supporting documentation regarding my financial circumstances, welfare benefit entitlement, housing information and health.

Referrer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Referrer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referrers Contact Number: \_\_\_\_\_

Please complete this form and return it to: email: [homelife@carlisle.gov.uk](mailto:homelife@carlisle.gov.uk),

Telephone: 01228 817111

Homelife Carlisle HIA, Regulatory Services, Civic Centre, Carlisle, CA3 8QG

#### PRIVACY NOTICE:

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