

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

**Dementia Grant Referral Form For Health, Social Care or Community Sector Professionals**

Please note all applicants must have a cognitive impairment or dementia diagnosis or being currently investigated for memory problem. The grant application should be supported by a health or relevant professional. We will require a diagnostic letter or a written statement by a competent professional before a grant can be awarded.

**Part 1 - Demographics**

1.1 Please provide the following details for the applicant.

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

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

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

Applicants 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 \_\_\_\_\_

1.2 Does the person handling the application hold Power of Attorney?

Power of Attorney for Property and Financial Affairs Yes [ ] No [ ]

Power of Attorney for Health and Wellbeing Yes [ ] No [ ]

Power of Attorney not in place Yes [ ] No [ ]

Other \_\_\_\_\_

**Part 2 - Grant Eligibility and works required**

2.1 Please provide details of the applicant's medical condition to meet the grant eligibility

Medical Condition or investigation: \_\_\_\_\_

Has a diagnostic letter/written confirmation for a competent source been provided?

Yes [ ] No [ ]

If not, please provide the reason: \_\_\_\_\_

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 or Expected outcome
Key Safe		
Deep Clean		
House Clearance		
Electrical works e.g. lighting or repairs		
Glazing repairs		
Installation of gas or electric fire		
Gas Boiler Servicing		
Gas Fire Servicing		
Gas Safety Check		
Gas Capping		
Carbon Monoxide Alarm		
Colour contrast decoration		
Dementia friendly flooring		
Heat Alarm		
Cold Alarm		
Lockable medicine box		
Other works (please specify)		
Equipment related to safety and access within the home (Example: heat and cold sensor, lockable medicine box, voice and motion sensors)		Please List equipment below:
Equipment is sourced from <a href="https://www.healthandcare.co.uk/">https://www.healthandcare.co.uk/</a> Equipment must benefit the applicant within their home and will be approved by the Grants Officer.		

**Please Note**

***All equipment must be fitted by the referrer or relative/friend during COVID-19.***

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete this form and return it to: email: [homelife@carlisle.gov.uk](mailto:homelife@carlisle.gov.uk), Tel: 01228 817111

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

#### PRIVACY NOTICE:

Carlisle City Council is committed to ensuring that your information is used appropriately. We will use your information for the purpose of providing you with a service. The full **Privacy Notice** which explains how your information is handled can be viewed at <https://www.carlisle.gov.uk/privacy-statement>.

We will take appropriate steps to ensure your information is secure, and we will only make it available to those who have the right to see it. Subject to the details contained within the **Privacy Notice** you have to right to withdraw consent at any time and you also have the right to access the information we hold on you. You can request this, seek further information or guidance, or make a complaint by writing to the data protection Officer: Civic Centre, Carlisle, Cumbria, CA3 8QG or emailing: [dataprotection@carlisle.gov.uk](mailto:dataprotection@carlisle.gov.uk)