



Housing & Community Care

<b>For Office Use:</b>	Scan Code <b>DISC</b>	Claim Ref:
		Date Case Review:

# Application to Request an Additional Bedroom Rate for a Child with Severe Disabilities Who is Unable to Share

Name of Person Claiming Housing Benefit \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Email \_\_\_\_\_

Telephone Number \_\_\_\_\_ Claim Ref \_\_\_\_\_

The number of bedrooms needed by a claimant with children is worked out by looking at their ages and gender. A child under 10 is expected to share with one other child also aged under 10, regardless of gender. A child aged under 16 is expected to share a bedroom with another child of the same gender.

A separate bedroom may be considered for severely disabled children who would normally be expected to share. We need to know:

- *if there is a medical need for care;*
- *the nature and severity of the disability;*
- *the nature and frequency of the care required during the night;*
- *the extent and regularity to which the night care affects the sleep of the other child expected to share.*

1. Full name of the child(ren) with the severe disability.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please give details of the nature and severity of the disability.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please give details of the nature and the frequency of the care required during the night.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please give details of the extent and regularity of the disturbance to the sleep of the other child who is expected to share the bedroom.

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Please provide certificates, documents, information or evidence to show that the child is severely disabled and is unable to share a bedroom. For example, this could be a letter from a medical practitioner or Social Services. If you need any help with this form or if you need more information, please contact the Benefits Section, Housing & Community Care, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH, PH1 5GD. Our telephone number is 01738 476049.

Please detail below what documents you are enclosing with this form to support your application. Please then sign the declaration and return it to the Benefits Section at the address above.

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### **Declaration** *(please read carefully before signing)*

I can confirm that I understand that this form will be used to amend my Housing Benefit claim and as such agree to be bound by the terms of the declaration I signed when claiming Housing Benefit. I also understand and agree to let the Benefits Section of Perth & Kinross Council know in writing of any changes such as:

- *loss of any disability benefits for the child;*
- *any changes in the number of children in my household;*
- *any other change that may have an effect on my entitlement to have Housing Benefit pay towards an extra bedroom for a child's disability.*

These are examples and this list is not exhaustive, please contact the Benefits Section for advice if you are unsure: Benefits Section, Housing & Community Care, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH, PH1 5GD. Tel 01738 476049.

Signature of person claiming Housing Benefit \_\_\_\_\_

Date \_\_\_\_\_

### **How We Use Your Personal Information**

The information provided by you will be used by Perth & Kinross Council to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. The information may be shared with other bodies responsible for auditing or administering public funds for these purposes.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

*For further information, please look at our website [www.pkc.gov.uk/dataprotection](http://www.pkc.gov.uk/dataprotection) or email [dataprotection@pkc.gov.uk](mailto:dataprotection@pkc.gov.uk) or telephone 01738 477933.*

If you or someone you know would like a copy of this document in another language or format. (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.