

Contact Details

Tel: 01925 443331
Fax: 01925 442333
Email: revenues&benefits@warrington.gov.uk
Web: www.warrington.gov.uk
Post: Benefits and Exchequer services, PO Box 5, New Town House, Buttermarket St, Warrington, WA1 2NH
Visit: Contact Warrington, 26-30 Horsemarket St, Warrington

WARRINGTON
Borough Council



Overnight Carer Required Form

This form is to provide details of a customer or their partner who receives care from a person who lives elsewhere but is required to stay overnight.

If you have a care plan set up by social services, you can sign this form to give consent for us to contact Social Services directly.

I authorise Warrington Borough Council Adult Social services to disclose relevant information about my care arrangements to the Benefits Section acting on behalf of Warrington Borough Council for the purposes of assessing the Housing Benefit claim made by

Name _____

Reference Number _____

Details of the person receiving care

Name: _____

Address: _____

DOB: _____

Customer Consent

I understand that I may withdraw my consent to the disclosure of such information.

Signed _____ (customer/partner/appointee/legal representative)

Date _____

If you have a private arrangement then please complete the form on the other side of the page.

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Private Overnight Care Arrangement

Name _____

Reference Number _____

Details of the person receiving care

Name: _____

Address: _____

DOB: _____

Does this person receive Disability Living Allowance/Personal Independence Payment?

If yes, please state which component and rate _____

If there is no DLA in payment, then we may need a letter from your doctor about your condition and how it affects you at night.

Details of the person providing the care

Name: _____

Address: _____

Does the carer receive carer's allowance for this person? Yes / No

Please tell us how often the carer stays in a separate bedroom overnight.

Number of nights per week? _____ How many weeks of the year? _____

Signed _____ Date _____

If you have an arrangement with Social Services then please complete the form on the other side of the page.