

Please insert Name and Address

A PERSON SHALL BE DISREGARDED FOR THE PURPOSES OF DISCOUNT ON A PARTICULAR DAY IF ON THAT DAY:

- (a) He/she engaged in providing care or support (or both) to another person or persons
- (b) The requirements are:
  - (i) He/she is providing the care or support to another person who is in receipt of
    - (a) Any rate of Attendance Allowance (higher rate only before 8 April 2013)
    - (b) Disability Living Allowance at middle or higher rate of care component (higher rate only before 8 April 2013)
    - (c) Disablement pension
    - (d) Constant attendance allowance;
  - (ii) Be resident in the same dwelling as the person to whom he/she is providing care;
  - (iii) Provide care for at least an average of 35 hours per week;
  - (iv) Not be the spouse or partner of the person receiving care or a parent of the person receiving care where they are below the age of 18 years.

**SECTION A (to be completed by the applicant)**

**DETAILS OF PERSON PROVIDING CARE**

Surname	
Forename(S)	
Address	
If Parent, Date Of Birth Of Person Requiring Care	
Relationship To Person Requiring Care	
Brief Description Of Care Provided	
On Average, How Many Hours A Week Do You Provide This Care?	hours

**CONTINUED OVERLEAF**

**SECTION B**

**DETAILS OF PERSON RECEIVING CARE**

Surname	
Forename(s)	
Address	
BENEFIT RECEIVED (Proof Required)	

**PLEASE REMEMBER TO ENCLOSE PROOF OF ENTITLEMENT TO THE BENEFITS LISTED**

**DECLARATION**

I declare that the details stated in this application are true and accurate to the best of my knowledge and belief, and should my circumstances alter I will notify Newark & Sherwood District Council immediately.

Signature .....

Name .....

Date .....