# Please tick appropriate box in line with guideline document for referrals

# RAPID RESPONSE ADAPTATIONS PROGRAMME (RRAP) (CARE & REPAIR)

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# SAFETY AT HOME (S@H) (NCC)

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| --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | |
| Referrer’s name |  | Designation /  Job Title |  |
| Contact telephone number |  | Email |  |
| Signature |  | Date |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT’S DETAILS** | | | | | | | | |
| Mr/Mrs/Miss/  Ms/Master | First names | | | | Surname | | |  |
|  | | | |  | | |
| ADDRESS |  | | | | POST CODE | | | |
|  |  | | | |  | | | |
| Please tick one box | **THIS CLIENT IS AN OWNER – OCCUPIER A PRIVATELY RENTING TENANT**  **NB: Care & Repair do not take referrals for tenants in social housing. If privately rented, written permission from landlord should be granted and provided with referral**    Is client disabled? On DLA or AA PENSION CREDIT  **[NOTE: FOR INFORMATION ONLY – GRANTS CURRENTLY NOT MEANS TESTED]** | | | | | | | |
| Tel. Number |  | | | Date of Birth | | |  | |
| **OTHER PEOPLE LIVING AT ADDRESS:** | | | | | | | | |
| NAME | | AGE | RELATIONSHIP | | | DISABLED PERSON? YES/NO | | |
|  | |  |  | | |  | | |
| **Date when the need for this adaptation was identified**:  Will the above work be assisting hospital discharge? YES / NO  If NO, has client been in hospital during the last 12 months? YES / NO | | | | | | | | |
| **Work Requested\*** (if more than one item, please list in order of priority)      Any additional information to support application (eg disability/health)    PLEASE NOTE     * Referrers please note there is currently a maximum RRAP grant of £350 and a maximum Safety at Home Grant of £550. (all subject to funding availability) * Care & Repair can give advice on larger works to clients [subject to staff resources] but referrals would need to be made on a general enquiry form. | | | | | | | | : |
| Please mention any risks to visitors to this property | | | | | | | |  |
| Any Other relevant Information/ Access arrangements | | | | | | | | |

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| **CLIENT AUTHORISATION – The client MUST be made aware of the following conditions by the referrer before this referral is authorised. By giving authority, the referrer is agreeing this has been done.** |

The client is making an application for a grant for the above work and agrees to the work being carried out to their home.

The client confirms that they are either the owner of the home or a private tenant.

Where the works involve mechanical or electrical installation the client understand that this will be their property and as such accept the responsibility for arranging and meeting the cost of maintaining, servicing and insuring such equipment. They understand that they would be responsible for removing or changing the work undertaken in the future. The work undertook has a 12 month warranty from the date of installation.

### Disclaimer

The client understands and accepts that the work is undertaken by Care & Repair and/or Newport City Council in good faith, and that upon their confirmation of satisfaction with the work, all responsibility of Care & Repair an/or Newport City Council or associated bodies is discharged.

I agree to the referring officer noted above referring my case to arrange for the work specified to be carried out.

***FOR RRAP REFERRALS*** Please send this form to : **Newport Care & Repair, Exchange House, The Old Post Office, High Street, Newport, NP20 1AA** Telephone: **01633 233887**

Fax : **01633 213315** E-mail: [admin@newportcareandrepair.co.uk](mailto:admin@newportcareandrepair.co.uk)

***FOR SAFETY AT HOME***, Please send to: Private Sector Housing, Civic Centre, Newport, NP20 4UR, Telephone 01633 656656. E-mail: [housing.improvements@newport.gov.uk](mailto:housing.improvements@newport.gov.uk)