

# Disability Related Expenditure Form (DRE)

Please complete this form if you live at home and incur extra costs directly related to your disability. Please see the enclosed DRE Fact Sheet for information and guidance on DRE and what evidence if any you will need to provide to support your claim.

Name: .....

Address: .....

..... Post Code .....

Person Reference: .....

## Details of your Disability Related Expenditure

Type of cost directly related to your disability	Detail	Amount you pay	How often do you pay this?
Clothing/ shoes/ bedding			
Community alarm			
Heating			
Gardening or housework			
Private Care – Extra Care,			
Transport and travel (after your			

mobility benefits have been used up)			
Specialist washing powder or laundry			
Wheelchair insurance, maintenance/ repair			
Powered bed			
Powered reclining chair			
Stair-lift			
Hoist			
Chemist items / Prescriptions			
Special Diet & Food			
Internet Access and telephone			
<b>Other-</b> please state			
<b>Other-</b> please state			
<b>Other-</b> please state			
<b>Other-</b> please state			

# Declaration

## Disability Related Expenditure **DOES** apply to me

I am signing to certify that the details and information I have completed on this form are true, correct and accurate to the best of my knowledge. P

**Signature** .....

**Date:** .....

**Please Print Full Name:** .....

If you have any questions or you require any help to complete this form, please contact us by **Telephone: 020 8921 3759** or **Email: [financial-assessments@royalgreenwich.gov.uk](mailto:financial-assessments@royalgreenwich.gov.uk)** putting DRE in the subject.

**Please return the completed form to:**

**The Financial Assessment Team,  
Health & Adults Services,  
2<sup>nd</sup> Floor  
The Woolwich Centre,  
35 Wellington Street,  
Woolwich, SE18 6HQ**