

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

Details of extra costs you face because of your disability

| Type of cost | What do you pay for? | Amount you pay | How often do you pay this? |
|--------------------------------|----------------------|----------------|----------------------------|
| Clothing/ shoes/ bedding | | | |
| Community alarm | | | |
| Heating | | | |
| Gardening or housework | | | |
| Private Care | | | |

| Type of cost | What do you pay for? | Amount you pay | How often do you pay this? |
|--|----------------------|----------------|----------------------------|
| Transport and travel | | | |
| Specialist washing powder or laundry costs | | | |
| Wheelchair insurance, maintenance/repair | | | |
| Powered bed | | | |
| Powered reclining chair | | | |
| Stair-lift | | | |
| Hoist | | | |
| Prescriptions /chemist items | | | |
| Special Diet/ type of food | | | |
| Internet access/phone | | | |

| | | | |
|--------|--|--|--|
| Other- | | | |
| Other- | | | |
| Other- | | | |
| Other- | | | |

Declaration I certify that the information I have put on this form is accurate and true.

Signature.....

Date:

Print Full Name:

If you have any questions or you require help to complete this form, please contact us by **Telephone: 020 8921 3759** or **Email: financial-assessments@royalgreenwich.gov.uk**.

Please return the completed form to:

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