

Important Information about notifying us about Disability Related Expenditure (DRE)

We can include disability related expenses as a part of your financial assessment, so that it is not counted as available income. Please complete the attached form if any of the following apply and you would like these expenses considered as part of your financial assessment.

1. You are in receipt of a disability benefit, such as DLA, PIP, ADP or Attendance Allowance
2. The expense is directly related to the disability or illness you have.
3. The expense is necessary.
4. The expense is reasonable.
5. The expense is greater than the amount an average household would pay for the same item.

Please provide evidence of the amount you pay for the expense; this can be receipts, invoices or bank statements dated within the last three months.

Questions about disability related expenses

If you have any questions or concerns, or you need help with completing this form, please contact the Finance and Assessment Team on 0300 300 0211 or email us at cpcommunityteam@renfrewshire.gov.uk

Returning the form

By post-complete the form and return it with copies of any receipts or bills to:
Finance & Assessment Team, Renfrewshire Council, Renfrewshire House, Cotton Street, Paisley, PA1 1AD.

By Email - you can also complete the form, take a photograph of the completed form and receipts and email these to: cpcommunityteam@renfrewshire.gov.uk

Disability Related Expenditure (DRE) Form

Name:

Swift Ref No.:

Date:

What expenses do you feel should be included in your Financial Assessment?	Why do you think this is a Disability Related Expense?	How much do you pay for it, when did you start paying for it and how often do you pay for it? e.g., weekly, monthly etc.

Declaration

- I declare that the information I have given on this form is correct and complete.
- I understand that if I give information that is incorrect or incomplete, it may impact my finance assessment.
- I agree that you will use the information I have provided to include Disability Related Expenditure within my Financial Assessment for Non-Residential Care Services. You may check some of the information with other sources as allowed by law.
- I understand that you may use any information I have provided in connection with this, and you may give some information to other council departments and other organisations, such as the Scottish Government and government departments. I also understand that you may use the information to help assess whether I am entitled to other benefits or grants paid by other council departments or organisations, and that you may ask other agencies, organisations, local authorities, the Scottish Government or government departments to give you information they have about me for those purposes.
- I know that I must let you know in writing about any change in my circumstances which might affect my Financial Assessment or the Disability Related Expenditure that is included.

Client/Carer Signature _____

Date _____