

Disability Related Expenses (DRE) Form

Name of person using services	AN Example
Swift or PER Number (if known)	1010101
Date of Birth	01/01/1946
Address	1 Cotton Street, Paisley, PA1 1LQ
Telephone Number	0141 111 2222
Email Address	anexample@gmail.com

Example of cost	Evidence of cost	Reason for cost	Frequency (Annual/Monthly/Weekly/One off)	Amount
Energy costs	Utility Bill	Feel cold more easily due to medication so use heating more than normal	Monthly	£100
Special dietary requirements	Receipts	Extra food costs due to irritable bowel syndrome (IBS)	Weekly	£20
Transport or travel (above DLA/PIP/ADP Mobility Component)	Receipts	Taxi to doctor appointment and home Taxi to hospital appointment and home	£20 monthly £30 monthly	£50

OFFICIAL

Example of cost	Evidence of cost	Reason for cost	Frequency (Annual/Monthly/Weekly/One off)	Amount
Additional cleaning costs	Itemised on bank statement	Unable to clean house due to mobility issues	Weekly	£25
Daily living – Laundry/Incontinence products/Clothing/Bedding	Receipts	Additional laundry costs due to incontinence Incontinence pads	£10 Weekly £10 weekly	£20
Equipment	Itemised on bank statement	Community Alarm	Weekly	£5.13