

Welsh Water Assist

If yours is a low income household and you have a large family, or a family member with a medical condition that requires the use of a significant amount of extra water, you may qualify for reduced charges through Welsh Water Assist.

To be considered you MUST:

Receive a qualifying benefit/tax credit

AND

Have a medical condition that requires the use of a **SIGNIFICANT** amount of extra water

OR

Receive a qualifying benefit/tax credit

AND

Have 3 or more children under the age of 19, living at your house who you claim child benefit for.

***Please note:** you **do not** qualify for Welsh Water Assist if you water your garden with a non-handheld appliance such as a sprinkler or domestic irrigation system, or if you have a swimming pool or pond with a capacity of over 10,000 litres.*

The Welsh Water Assist charges are £125.00 for water and £125.00 for sewerage for the period 1 April 2012 to 31 March 2013.

If your property is supplied by a water meter and the charge calculated from actual usage shown on the meter, using the standard measured tariff, is less than the Welsh Water Assist tariff, your bill will be based on the actual reading. Otherwise the bill will be capped at the Welsh Water Assist level.

How to apply

1. Fully complete the attached application form. Please read the guidance notes to help you do this.
2. Return the completed form to us with all the necessary supporting evidence.
We will accept photocopies
3. We will give you a decision within 10 working days:
 - ▶ If your application is unsuccessful we will tell you why.
 - ▶ If your application is successful, the reduced charges will apply from the start of this year's bill, (or date of occupancy if you moved in after 1 April 2012).

Any arrears will be included in the payment plan.

Annual Review/Audit

Every year between April and July we complete an annual review/audit of customers currently on Welsh Water Assist. We will contact you during this review period to confirm that you continue to qualify.

This leaflet is available in other formats, including audio cassette/CD and large print. For more information or help with this form, please contact us on **0800 052 0145 Monday - Friday 8am - 8pm, Saturday 8.30am - 1.30pm.**

Important information about Here to Help

At Dŵr Cymru Welsh Water we are committed to providing the highest standard of service to all our customers. We understand that not everyone's situation or needs are the same and for this reason we have our free service 'Here to Help'.

Are you?

- ▶ Disabled
- ▶ Older
- ▶ Ill

or do you have

- ▶ Learning difficulties

If you have a medical condition that requires a constant supply of water we will provide you with an alternative supply during emergency interruptions.

In order to benefit from this service you must be registered on our Additional Services register.

Access to the information you give us to register for this scheme will be restricted to our employees or agents. They need this information to deliver an alternative supply to you. **All information received is treated confidentially.**

If you are applying for Welsh Water Assist because someone in your household has a medical condition, YOU WILL BE PLACED on our Additional Services register automatically. If you DO NOT wish to be please tick the box on **Section 3** of the application form.

SECTION 6 – You MUST complete this section.

DECLARATION – Please read carefully before signing.

I declare that the information I have given is correct to the best of my knowledge and I understand that any false information may disqualify my application for Welsh Water Assist.

I will notify Dŵr Cymru Welsh Water immediately if there are any changes to the circumstances that affect my application for Welsh Water Assist e.g. change of address, no longer on benefits.

I authorise the authority that administers my benefit(s)/ tax credit(s) to give information to Dŵr Cymru Welsh Water, should it be necessary, in order for the information I have provided to be verified.

If I have made an application for Welsh Water Assist on the basis of a medical condition, I authorise the medical person to give information about the condition and its impact on water use to Dŵr Cymru Welsh Water, should it be necessary, in order for the information I have provided to be verified.

I do not water my garden other than by hand-held means, or have a swimming pool or pond of over 10,000 litres capacity.

I do not receive any contributions towards the cost of water from the Health Authority.

WARNING If you deliberately give us misleading information you are committing a criminal offence and could be prosecuted.

Signature: _____

Date: _____

Please return your application form along with the necessary documentation to:

Freepost Dŵr Cymru Welsh Water

There is no need to put a stamp or any further address details when responding.

CHECKLIST

Tick the boxes as appropriate.

- I've completed all the sections of the form that apply to me.
- I've completed SECTION 1 and 2 and enclosed a photocopy of the most recent 'award notice' for the benefit(s)/tax credit(s) and removed any reference to any bank details.
- If I've completed SECTIONS 3 and 4, it has been stamped, signed and dated by my Doctor or Practice Nurse.
- If I've completed SECTION 5, I've enclosed a photocopy of the most recent 'Child Benefit Award Notice' for each child named and removed any reference to any bank details.
- I have completed SECTION 6 with my signature and date.

FAILURE TO COMPLETE THE APPLICATION FORM AND PROVIDE THE NECESSARY SUPPORTING DOCUMENTATION WILL RESULT IN YOUR APPLICATION BEING REFUSED AND RETURNED TO YOU.

How did you find out about Welsh Water Assist?

- Welsh Water staff
- Registered Social Landlord staff
- Word of mouth
- Welsh Water website
- Citizen's Advice Bureau
- Consumer Council for Water
- Advert on bill
- Other (please specify below)

Welsh Water Assist application for 2012 - 2013 (Household Customers only)

Do you, or anyone in your household, receive any of the **BENEFIT(S)/TAX CREDIT(S)** listed below?

YES - Please complete SECTION 1 and 2

NO - you are NOT ELIGIBLE

SECTION 1 – Which of the benefit(s)/tax credit(s) are received by someone in your household (please tick ALL that apply).

- Income Support
- Income related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit
- Housing Benefit
- Working Tax Credit
- Child Tax Credit *(except families in receipt of the family element only)*
- Council Tax Benefit *(except for single person discount or disabled relief)*

Please give the name and National Insurance No. of the person who receives these benefit(s)/tax credit(s)

Name: _____

National Insurance No: _____

GUIDANCE NOTES

To qualify for Welsh Water Assist, someone in your household must be receiving at least one of the benefit(s)/tax credit(s) listed. You must include with this application a photocopy of your most current 'award notice' for benefit(s)/tax credit(s) i.e. dated within last 12 months.

To avoid any delay in the processing of your application please send ALL pages of your 'award notice'.

As copy certificates will be retained for our files we recommend that any bank details shown are blanked out before they are sent to us.

SECTION 2 – The person named on the bill MUST complete this section.

Please read the notes carefully before completing this form.

CUSTOMER REFERENCE NUMBER: **8**

Name: _____

Address: _____

Postcode: _____

Daytime telephone number: _____

Mobile number: _____

Please confirm the date you moved into this property, if after 1 April 2012: _____

If your property has a water meter please provide the following information (if safe to do so):

Meter Reading: _____ Date: _____

Please continue to SECTION 3

Do you, or anyone in your household, have any of the **MEDICAL CONDITIONS** listed below?

YES - Please complete SECTION 3 and 4

NO - Please continue to SECTION 5

SECTION 3 – You MUST complete this section if you are applying because of a medical condition.

Please name the person who lives at this address with a medical condition that requires the use of a significant amount of extra water: _____

Which of these medical conditions do they have?

(Please tick all that apply)

- Desquamation (*flaky skin disease*)
- Weeping skin (*eczema, psoriasis, varicose ulceration*)
- Incontinence
- Abdominal stoma
- Crohn's disease
- Ulcerative colitis
- Renal failure requiring home dialysis
(except where the health authority contributes to the cost of the dialysis)
- Another medical condition which requires the use of a significant amount of extra water.

Please tell us the name of this condition and why you need to use a significant amount of extra water:

If you **DO NOT** wish to be placed on our Additional Services register please tick the box.

GUIDANCE NOTES

You **MUST** let us know why the medical condition means that you or someone in your household uses a lot of extra water.

Please confirm the medical condition(s) that the person has by ticking all relevant boxes.

If you receive dialysis at hospital you will not be eligible for Welsh Water Assist.

Please provide details of the doctor or consultant who can confirm that you have this condition, if necessary, we may contact them directly to clarify the details you have given.

SECTION 4 – Your doctor MUST complete this section to confirm your medical condition.

Your doctor, nurse or suitably qualified medical person must provide the **STAMPED** hospital/surgery address in the box provided together with a signature and date to confirm your illness ticked above.

Doctor/Nurse Signature: _____
Date: _____

Please continue to SECTION 5

Does the person who receives the benefit(s)/tax credit(s) also receive Child Benefit for **THREE** or **MORE CHILDREN** under 19 living in your household?

YES - Please complete SECTION 5

NO - please complete SECTION 6

SECTION 5 – You MUST complete this section if you are applying because you have a large family.

I confirm that the person who receives benefit(s)/tax credit(s) (named in **SECTION 1**) is responsible for, and claims Child Benefit for, three or more children under the age of 19, who have not left full time education and who live at the address on the water bill. (Please tick the box)

Please give the full names and dates of birth of these children:

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GUIDANCE NOTES

You **MUST** provide the full name and date of birth for each child aged under 19. You should tick the box if the person in receipt of benefit(s)/tax credit(s) is responsible for and claims Child Benefit for three or more children who are under the age of 19, who have not left full time education and who live at the address on the water bill.

You MUST include with this application a photocopy of the most recent 'Child Benefit Award Notice'. The 'award notice' MUST be less than one year old.

If you cannot find your 'award notice', please contact the Child Benefit Office.

Please continue to SECTION 6