# Information and Application Form for claiming additional Disability Related Expenses (DRE)

For help completing this form, please read ‘Your Guide to Disability Related Expenses’. If you need a copy of the guide, please contact the DRE Team on 01603 222133 option 4 or DRE@norfolk.gov.uk. You can also download the guide from the Norfolk County Council website: [www.norfolk.gov.uk/DRE](http://www.norfolk.gov.uk/DRE).

We can allow disability related expenses as a disregarded expense in your means-tested financial assessment. We can allow the disability related expense(s) if:

1. You are in receipt of a disability benefit, such as DLA, PIP or Attendance Allowance
2. The expense is necessary.
3. The expense is reasonable.
4. The expense is directly related to the disability or illness you have.
5. The expense cannot be paid for by other means, such as being part of your personal budget or paid for via the NHS.
6. The expense is greater than the amount an average household would pay for the same item.
7. You provide evidence of the amount you pay for the expense. Please contact us if you need help with this.

## Questions about disability related expenses

If you have any questions or concerns, or to get help with completing this form, please contact the DRE Team can be contacted on 01603 222133 option 4 or DRE@norfolk.gov.uk.

## Returning the claim form

By Post - Complete the form and return it with the receipts or bills to: Norfolk County Council, Finance Exchequer Services, County Hall, Martineau Lane, Norwich NR1 2UE.

By Email - You can also complete the form provided with this letter, take a photograph of the completed form and receipts and email these to: dre@norfolk.gov.uk

**If you need support in completing the form, please let us know on 01603 222133 option 4 or** **dre@norfolk.gov.uk** **and we will do our best to help. This could be to talk the form through with you over the telephone or we can arrange for someone to meet you to help in-person.**

Name: Social Services Ref No.:

Date:

## Disability Related Expenses (DRE) Claim Form

| **What would you like to claim for?** | **Why do you think this is a DRE?** | **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.** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |