

Welsh Water Assist

JUNE
2009



Dŵr Cymru
Welsh Water

Ref no: PAB0046

The Welsh Water Assist tariff exists to help low income families and individuals with relevant medical conditions by offering reduced water charges. You will need to meet specific criteria to qualify, these are:

1. The supply is a **household only** supply.
2. The bill payer or a member of the household is in receipt of a qualifying benefit or tax credit;

AND

3. Either 3 or more children, under the age of 19, are living in the household, for whom child benefit is claimed.
4. Or someone in the household has a medical condition that requires significant additional use of water.

This year the Welsh Water Assist tariff charges are:

£125.00 for water and £125.00 for sewerage for the period 1/4/09 to 31/3/10.

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. Return the completed form to us with the necessary supporting evidence (**photocopies are not acceptable**).
2. 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 2009). Note any arrears will be included in the payment plan.

If we need further information we will contact you.

Need help with this form?

You can contact us on 0800 052 0145 Monday – Friday 9am – 4.30pm, Saturday 8.30am – 1.30pm.

This leaflet is available in other formats, including audio cassette/CD, large print or Braille.

For more information please call 0800 052 0145 .

Important Information on Additional Services

Dŵr Cymru Welsh Water is committed to providing excellent standards of service for all of our customers. We understand that some of our customers may require extra help with the services we provide because they are:

- Disabled
- Older
- Ill or
- 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 this tariff because someone in your household has a medical condition, you will be registered on our Additional Services register. If you DO NOT wish to be on our register please tick the box on section 2 of the application form.

Are you eligible?

Are you a household customer?

NO

YES

Do you, or anyone in your household, receive any of these BENEFITS OR TAX CREDITS?

- Income Support
- Income related employment and support allowance
- Income-based Job Seekers Allowance
- Housing Benefit
- Council Tax Benefit (*not sole occupancy or disabled relief*)
- Pension Credit
- Working tax credit
- Child tax credit (*other than just the family element*)

NO

YES

Do you, or anyone in your household, have any of these MEDICAL CONDITIONS?

- Desquamation (flaky skin disease)
- Weeping skin disease (*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 significant additional water

YES

NO

Does the person who receives the benefit or tax credit also receive child benefit for THREE OR MORE CHILDREN under the age of 19 and in full-time education living at your address?

YES

NO

You are likely to be eligible for the scheme. Please fill in the application form and return it to us with the evidence requested.

YES

You are not eligible for this scheme.

You might want to contact us about switching to a meter or other easier ways to pay.

Please call us on 0800 052 0145

NO

Please note: you **do not** qualify for the scheme 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.

Welsh Water Assist tariff application form (2009/2010)

Please read the notes carefully before completing this form.

Section 1

The person named on the water bill

First name Mr/Mrs/Miss/Ms: Customer Reference Number:

Last name:

Full Address:

.....

Post Code:

Daytime Telephone No: Evening Telephone No:

About benefits or tax credits in the household

Which of the following benefit(s) or tax credit(s) are received by someone in your household?

(Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Income related employment and support allowance | <input type="checkbox"/> Housing Benefit |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Council Tax Benefit (<i>not single occupier or disabled relief</i>) |
| <input type="checkbox"/> Income-based Job Seeker's Allowance | <input type="checkbox"/> Pension Credit |
| <input type="checkbox"/> Working Tax Credit | |
| <input type="checkbox"/> Child Tax Credit (<i>not family element only</i>) | |

Please give the name and national insurance number of the person who receives these benefits or tax credits

If your property is served by a water meter please provide the following (if safe to do so):

Meter number: Date:
Reading: Meter location:

Section 2 - Complete either this section or Section 3 as appropriate

Medical conditions requiring extra water use

The name of the person who lives at the house and has a medical condition that requires significant additional use of water:

Which of these medical conditions do they have? (Please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Desquamation | <input type="checkbox"/> Renal failure requiring home dialysis |
| <input type="checkbox"/> Weeping skin (<i>eczema, psoriasis, varicose ulceration</i>) | <input type="checkbox"/> Crohn's disease |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Abdominal stoma | <input type="checkbox"/> Another condition that requires extra water use |

(Please tell us the name of this condition):

Please describe briefly how your medical condition results in increased water use:

.....

Your GP, nurse or suitably qualified medical person must date (with the hospital/surgery stamp), sign and date this box to confirm your illness ticked above:

GP/Nurse signature:

Date:

Name and address of doctor or hospital consultant:

.....

.....

Section 1

To be completed by the person named on the bill

To qualify for this scheme, someone in your household must be receiving at least one of the benefits or tax credits listed. You must include with this application the latest 'notice of entitlement' of benefits/tax credit.

The 'notice of entitlement' must be less than 1 year old for benefits or less than 6 months old for tax credits. All documentation you send to us will be returned to you.

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

We need to know the name of the person with the medical condition.

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 this tariff.

If you are applying for this tariff because someone in your household has a medical condition, you will be registered on our Additional Services register. If you DO NOT wish to be on our register please tick the box.

IMPORTANT- we need to understand why the medical condition results in increased water use.

By asking your GP or practice nurse to sign, stamp and date this form we will not require an additional medical certificate or letter from your doctor.

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 3 - Complete either this section or Section 2 as appropriate Families with three or more children at home

I confirm that the person who receives benefits/tax credits (named in Section 1) is responsible for, and claims child benefit for, three or more children under 19 years of age, in full-time education and in permanent residence with them *(please tick box)*

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

Name	Date of birth
.....
.....
.....
.....

Section 4 - All applicants 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 claim.

I will notify the Company immediately if there are any changes to the circumstances that affect my claim.

I authorise the authority that administers my benefit or tax credit to give information to Dŵr Cymru, should it be necessary, in order for the information I have provided to be verified.

If I have made a claim on the basis of a medical condition, I authorise the medical person who knows about that condition to give information about the condition and, its potential impact on water use, to Dŵr Cymru, 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.

If I opt for a meter, I can make a request to revert to the previous unmeasured basis of charging at any time, up to one month after the Company has issued bills for 12 months from the date my meter was fitted.

I understand that any customer who knowingly misleads the water undertaker as to their entitlement may be committing the criminal offence of obtaining pecuniary advantage by deception and/or may be committing fraud relating to the benefits and tax authorities and that this could lead to criminal proceedings.

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

Signature: Date:

Please complete **and sign** the application form and return it along with the necessary documentation to:

Dŵr Cymru Welsh Water
Freepost SWC 5253
CARDIFF
CF3 5GY

Section 3 You should tick this box if the person in receipt of benefits is responsible for and claims child benefit for 3 or more children who are under the age of 19, who are in full time education and who live at the address on the water bill.

Please provide the full name and date of birth for each child aged under 19.

You **MUST** enclose the latest 'notice of entitlement' to child benefit.

If you cannot find your 'notice of entitlement' to child benefit, please contact the Child Benefit Centre.

Checklist

- I've completed all the sections of the form that apply to me (that is parts 1, 2 and 4 or 1, 3, and 4).
- I've provided the latest 'notice of entitlement' for the benefits or tax credits.
- If I've completed section 2 it has been signed and stamped by my GP or Practice Nurse.
- If I've completed section 3 I've supplied the latest 'notice of entitlement' to child benefit for each child named.
- I have completed section 4 with my signature and date.

If the relevant supporting documents are not enclosed your application will be refused and returned to you.

PHOTOCOPIES ARE NOT ACCEPTABLE

How did you find out about this scheme?

- Our staff
- Word of mouth
- Our website
- Citizen's Advice Bureau
- Consumer Council for Water