Landlord Care and Support Form

Please complete this form to give us more information about the Care, Support or Supervision included in the tenancy for the specific tenant named on this form

|  |  |
| --- | --- |
| Full Name of Tenant |  |
| Address  Postcode |  |
| Claim reference |  |

|  |  |
| --- | --- |
| Landlord name |  |
| Address  Postcode |  |

**About care, support and supervision (CSS)**

|  |  |
| --- | --- |
| Does this tenant receive CSS? | Yes/No |
| If 'Yes' who from?  Is it provided by you, do you pay someone else to provide it on your behalf, or is it provided independently of you? |  |
| Are you **contractually liable** to your tenant to provide them with care, support and/or supervision? | Yes/No |
| **If the CSS is provided by someone else other than yourself, please provide evidence of the contract or agreement you have with the provider** | |
| How is CSS funded? |  |
| Which organisation assessed your tenant's needs for CSS? |  |
| Please give us the name, job title and contact details for the person who did the assessment? |  |

|  |  |
| --- | --- |
| How would you describe your tenant's current state of health? |  |
| What illnesses, disabilities or vulnerability does your tenant have that affect their housing needs? |  |
| Was the accommodation commissioned for the tenant? | Yes/No |
| If 'Yes' who was the commissioning body? |  |
| **We need details of the CSS provided for this specific tenant.**  Please confirm what CSS is provided weekly  Please confirm what CSS is provided less frequently than weekly and tell us how often this happens.  If you visit the tenant in their home or at another facility, please confirm what CSS is provided within these visits. |  |
| Total weekly hours of CSS provided to this tenant. |  |

|  |  |
| --- | --- |
| **Declaration**  I declare that the information given on this form is true and complete to the best of my knowledge and belief. | |
| Signed:  Print name:  Position held:  Date: | Company stamp |

Thank you for taking the time to complete this form and providing the evidence we need to check we are paying your tenant the correct amount of benefit..

Please return this form to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS

**Privacy Notice – Revenues, Benefits and Exchequer Services**

**How is your information used?**

We may use your information to: bill, administer and collect Council Tax; bill, administer and collect Business Rates; bill, administer and collect Business Improvement District (BID) levies; process and pay Housing Benefit, second adult rebate for pensioners, Council Tax Support, Discretionary Housing Payments and Council Tax Hardship; bill, administer and collect Housing Benefit overpayments; process applications for free school meals; bill, administer and collect Sundry Debts; process financial assessments relating to Home Care Charging and Residential Care Charging; investigate and prosecute Fraud; send you communications; ask agencies, government departments or other public bodies to give us information they have about you;  check information you have provided, or information about you that someone else has provided, with other information we hold;  get information about you from certain third parties, or give information to them to check the accuracy of information, prevent or detect fraud or protect public funds.This is to help us meet our statutory and non-statutory duties; administer work accurately and efficiently; assess any contribution to means-tested payments or grants provided by the Council; bill, administer and collect debt; contribute to intelligence gathering to assess impacts of changes to identify need; check the information you have given us to make sure we are handling your data correctly, and for other purposes allowed by law; and prevent fraud and the misuse of public funds.

**Who has access to your information?**

We may share your information with:

* Other Council Directorates, Derby Homes, elected members and schools in Derby.
* External organisations such as: Government departments and organisations, other local authorities; Courts and Tribunals; the Rent Office; the Valuation Office Agency; the Police; the National Asylum Support Service (NASS); the National Anti-Fraud network (NAFN); the National Fraud Initiative (NFI); software providers; contracted service providers and IT companies used for technical support; social housing landlords (for Housing Benefit claimants in social housing); banks; building societies; external auditors; enforcement agents; debt advice agencies; your doctor / medical professional (if you are claiming a discount for severe mental impairment); your employer; any relevant third parties as required to help prevent fraud, including private sector companies as allowed by law.
* Relevant individuals such as benefits claimants, landlords and agents.

For further information about how your personal information will be used, please go to <https://www.derby.gov.uk/privacy-notice/>where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from [RBESPrivacyNoticerequest@derby.gov.uk](mailto:RBESPrivacyNoticerequest@derby.gov.uk) or call us on 01332 643194.