



## Need Help?

If you need help with this form please ask at the front desk or call 01481 221000

## Income Support

Claim for Extra Needs Allowance

**Our Address:** Edward T Wheadon House, Le Truchot, St Peter Port, Guernsey, GY1 3WH

If you need a large print version of this form please ask at the front desk on level 1

Please complete this form to apply for an Extra Needs Allowance. This form is for people who have an illness, health condition or disability.

**Please Note:** If you receive Severe Disability Benefit you cannot claim an Extra Needs Allowance.

### 1. Is this claim for you?

If you are completing this form for someone else, please include your information below.

If this claim is for you, go to question 2.

Full Name

Address

  
  

Relationship to claimant

Go to section 3 and complete the details of the person this claim is for.

### 2. Details of the person this claim is for

Full Name

Address

  
  

### 3. Why is the allowance needed?

The Extra Needs Allowance is needed for Energy for my home because:

- My home is damp
- My home is poorly insulated
- My home is draughty
- My home has no central heating
- I need to use my coal fire more
- I need to use my electric fire more
- I need to use my washing machine more
- I need to use my tumble dryer more

The Extra Needs Allowance is needed for my clothing because:

- I wash my clothes more than normal
- I replace my clothes more than normal

Is the Extra Needs Allowance needed for special food and dietary costs as a result of an illness, health condition or disability?

- No
- Yes

## 4. Your Doctor

Your doctor's name

Please tick which Doctors' Surgery you are registered at:

- Alderney Medical Centre
- Cobo Health Centre
- Town Surgery (Islandhealth)
- L'Aumone Medical Practice
- Le Longfrie Surgery
- High Street Surgery
- Queens Road Medical Practice
- Rohais Health Centre
- St Martins Surgery
- St Sampsons Medical Centre  
(Islandhealth)

If you are registered with the Medical Specialist Group, please add your specialist's name below

## 5 About this claim

Please explain what illness, health condition or disability this claim relates to:

  
  
  
  

## 6. Permission

I give permission to contact the doctor or specialist of the person this claim is for

- No
- Yes

**Signature**

## Data Protection Statement

The Committee for Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at [www.gov.gg/dp](http://www.gov.gg/dp) or alternatively you may call 01481 221000 and request a paper copy.