

Warmth and Wellbeing Scheme: Children's Application Form

PLEASE FILL IN BLOCK CAPITAL LETTERS

Your personal details are held subject to data protection

Name:			
Guardian:			
Next of Kin:			
Date Of Birth:		Gender:	F <input type="checkbox"/> M <input type="checkbox"/>
Address:			
Eircode:			
Name of Homeowner:			
SDCC Resident?	Y <input type="checkbox"/>	DCC Resident?	Y <input type="checkbox"/>
Phone Number:			
Consultant:		Hospital:	
GP contact details:			
Referred By:			
Does the child spend 4 or more nights in the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Essential Eligibility Criteria

Client under 12 years of age or under	Yes <input type="checkbox"/>
Guardian receiving fuel allowance OR one parent family payment	Yes <input type="checkbox"/>
Sibling of eligible child	Yes <input type="checkbox"/> No <input type="checkbox"/>

Respiratory Condition:

Name of condition	
If Asthma, is child on preventive medication for the last 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Send completed forms to:

Warmth and Wellbeing Scheme, Junction House, Airtown Road, Dublin 24, D24 CF75

Phone: 01 9214909

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