

# Warmth and Wellbeing Scheme: Adult's Application Form



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## PLEASE FILL IN BLOCK CAPITAL LETTERS

Your personal details are held subject to data protection

WWB number:			
Name:			
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 numbers:			
Next of Kin:			
GP contact details:			
Referred by:			
Job title referee:			
Contact details of referrer:			

### Essential Eligibility Criteria

Client is over 55 years of age	Yes
Client is in receipt of fuel allowance	Yes

Send completed forms to:

Your personal details are held subject to data protection

Warmth and Wellbeing Scheme, Floor 3 Junction House, Kilnamagh and Tymon Primary Care Centre,

Phone 01 9214909