

**Moving to Provide or Receive Essential Care / Support**

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| --- | --- | --- | --- | --- | --- |
| **Main Applicants Details** |  |  |  |  |  |
| Name: | | | App ref: | | |
| Address: | | | | | |
|  | | | | | |

**Details of person providing / receiving essential care or support** (not the applicant)

|  |  |
| --- | --- |
| Name: | Relationship to applicant: |
| Address: | |
|  | |
| Length of time at address: | |
| Previous address(es) if above address is less than 5 years: | |
|  | |
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**Details of care or support currently being provided** **/ received**

(include any physical, emotional, medical or practical support)

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**How often is care or support currently provided / received**

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**Would this change after a move?**

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**How would a move benefit the applicant and their family member and what additional care or support would be provided / received?**

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**How often would the additional care or support be provided / received**

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**Is there anyone else available to provide care or support?**

(provide name, address, and relationship)

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| --- | --- |
| Signature: | Date: |

**Please return this form to:**

Email: [housingsolutions@lincoln.gov.uk](mailto:housingsolutions@lincoln.gov.uk) or

Post: Housing Solutions, City Hall, Beaumont Fee, Post: Lincoln, LN1 1DD