

ANNEX 1:

Emergency Renovation Grant Priority System

1). Applicant/Property Details:

Applicant:

Address:

Tel:

Date:

Officer:

2). Hazard assessment: (tick appropriate hazards)

- i) Falls on the level
- ii) Falls assoc. with stairs & steps
- iii) Falls between levels
- iv) Carbon Monoxide
- v) Fire
- vi) Hot surfaces & materials
- vii) Damp & mould
- viii) Electrical Hazards
- ix) Excess Cold+
- x) Structural collapse & falling elements
- x) Other

Category 1 hazards category 2 hazards

3). Is a Home Repair Assistance Grant appropriate?

yes refer for HRA

no proceed to question 4

4). Condition of property:

No internal WC	20 points	<input type="checkbox"/>
No bath/shower	20 points	<input type="checkbox"/>
No wash basin	20 points	<input type="checkbox"/>
No sink	20 points	<input type="checkbox"/>
No hot water	20 points	<input type="checkbox"/>
No space heating	20 points	<input type="checkbox"/>
Unsafe electrical wiring	20 points	<input type="checkbox"/>
Serious roof leak	20 points	<input type="checkbox"/>
Extensive dampness	20 points	<input type="checkbox"/>
Structural instability	20 points	<input type="checkbox"/>
Dry rot (structural)	20 points	<input type="checkbox"/>
Extensive disrepair up to	20 points	<input type="checkbox"/>
Other health & safety issues	20 points	<input type="checkbox"/>

Household details:

5). Does anyone in the household have a disability?	20 points	<input type="checkbox"/>
6). Does anyone in the household suffer serious ill health (Chronic pulmonary or heart condition; housebound)	20 points	<input type="checkbox"/>
7). Are any members of the household:		
75yr or over	35 points	<input type="checkbox"/>
70yr or over	30 points	<input type="checkbox"/>
60yrs or over	25 points	<input type="checkbox"/>
child under 5yrs	25 points	<input type="checkbox"/>

Tenure:

- 8). When applicant is known to own another dwelling, which is fit for human habitation:

DEDUCT 100 points

Applicants contribution:

- 9) Applicants contribution from initial means test form:

Nil 20 points

£1 - £2000 15 points

£2002 - £4000 10 points

£4001 - £6000 5 points

over £6000 0 points

Total Point Score:

NB: Only applicants scoring above 100 points will be considered for Emergency Renovation Grant.

Notes:

ANNEX 2:

HEALTHY & WARM GRANT SCHEME Eligibility Proforma:

Applicant

Name:.....

Address:.....
.....
.....

Tel:

Date:.....

Officer:.....

Property details:

Age of property:	pre 1919	(15pts)	SCORE
	1919 – 1964	(10 pts)	
	1964 – 1980	(5pts)	
	post 1980	(0pts)	<input type="checkbox"/>

property type:	detached	(10pts)	
	semi	(5pts)	
	mid terr	(5pts)	
	end terr	(10pts)	
	bungalow	(5pts)	
	flat	(10 pts)	<input type="checkbox"/>

Tenure:	owner/occ	(5pts)	
	Private tenant	(10pts)	

Repair	good	Council/ RSL tenant	(0pts)	<input type="checkbox"/>
		(0pts)		

	Average	(5pts)	
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	Poor	(10pts)	<input type="checkbox"/>
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Heating system

boiler with rads (0pts)

Obsolete boiler/rads (5pts)

Storage heater (5pts)

Room heaters (10pts)

Fuel

Solid fuel (10pts)

Gas/oil (0pts)

Electric (5pts)

Household details:

Does any member of the household suffer from;

- **A disability (mental,physical,sensory)(10pts)**
- **Frail/mobility difficulty (10pts)**
- **serious ill health(chronic respiratory (10pts) or heart condition)**
- **mental ill health (10pts)**

are any members of household,

- **75 yrs or over (20pts)**
- **70 yrs or over (10pts)**
- **60yrs or over (5pts)**
- **child under 5yrs (5pts)**
- **young person/child leaving care (10pts)**

how many members of household;

- **single parent (10 pts)**
- **single pensioner (10 pts)**
- **single adult (5pts)**

Any member of household in receipt of state benefit:

- **income support (10 pts)**
- **Housing benefit (10pts)**
- **Council Tax benefit (10pts)**
- **Disabled persons tax credit (10 pts)**
- **Job seekers allowance (10 pts)**
- **Working tax credit (disability element) (10pts)**
- **Child tax credit (hsehold income < £14200) (10 pts)**
- **Attendance allowance (10pts)**
- **Disabled living allowance (10 pts)**
- **Pension credit (10 pts)**
- **Industrial injuries benefit (10 pts)**
- **War disablement pension (10 pts)**
- **Incapacity benefit (5 pts)**

Other income:

- **In receipt of state pension plus additional wkly income of £75 or less (10pts)**
- **In receipt of state pension plus additional wkly income of £85 or less (5pts)**

Savings:

- **0 - £10 000 (0pts)**
- **£10 001 - £20 000 (deduct 10 pts)**
- **in excess of £20 001 (deduct 20 pts)**

TOTAL SCORE

KEY:

Total Score exceeds 50 points = Package A + B

Total Score 50 points or less = Package B

ANNEX 3:

Customer Feedback Questionnaire



South Derbyshire District Council

Civic Offices, Civic Way, Swadlincote, Derbyshire, DE11 0AH

Telephone: (01283) 221000 Fax: (01283) 595855 Website: www.south-derbys.gov.uk, Email:

Customer Feedback Opportunity

At South Derbyshire District Council we would welcome your comments on the service we provide so that it can be continuously monitored and improved wherever possible. I would be grateful if you could spend a few minutes answering the questions below, in relation to the service you received by this department, and return it in the envelope provided.

This information will be kept confidential and used only for monitoring and statistical purposes.

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1).Were you happy with the Council's response when you initially contacted them? | | | Yes | No | |
| 2).Did the officer respond to your complaint within 5 working days? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3).Was the officer polite and helpful? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4).Did the officer fully explain the complaint procedure? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5).During the course of the investigation were you kept informed of developments? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6).Was the officer easy to contact? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7).Was the complaint or request resolved? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8).If yes to number 7, do you think that the action by the Council helped? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9).How do you feel about the overall level of service you received from the Environmental Health Division in dealing with your complaint? | Excellent | Good | Fair | Poor | Very Poor |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Yes | No |
| 10).Do you have any other suggestions or comments on ways in which we could improve either this questionnaire or the way in which the service operates? | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comments

.....

.....

This questionnaire is confidential and you only have to complete the section below if you so wish.

Name Telephone No.

Address

.....

THANK YOU FOR YOUR TIME AND CO-OPERATION

Office use only

Seen by Private Sector Housing Manager Date

Comments/Action taken:
.....
.....