



South Staffs Water

# Assure assist

## Partner referral application form



This form is for the new claimants to Universal Credit/joint Universal Credit, where there is NO household income except for Child Benefit.



If the customer has some household income in addition to Child Benefit, this form should not be used. An Assure tariff application form should be completed and can be found on our website.

Customers presently on the Assure tariff will continue to stay on the tariff at their present discount level.

Making you count

Contact us on 0800 093 0570

[www.south-staffs-water.co.uk](http://www.south-staffs-water.co.uk)



Other organisations providing free debt advice:



[www.stepchange.org](http://www.stepchange.org)  
0800 138 1111



[www.nationaldebtline.org](http://www.nationaldebtline.org)  
0808 808 4000



[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)  
03444 111 444



[www.capuk.org](http://www.capuk.org)  
0800 328 0006

This page is to be retained by the customers for their information.

## What is Assure assist?

**South Staffs Water's Assure Assist is a tariff that has been designed to help customers, not already on our Assure tariff, who have no income (other than Child Benefit), such as starting Universal Credit claims.**

If this applies to you, you will receive a grant of 100% for 8 weeks. This means that during this time there will be no water charges to pay.

Following the initial 8 weeks period you will then be put on the Assure tariff where a discount of 60% will be applied for the remainder of that first year (44 weeks) and then in the second year it will be a 40% discount off your bill.

The table below shows an overview of the process.

Customer has no household income at time of application (exclude Child Benefit from this)

	Year 1		Year 2	Beyond end of year 2
Timeline	8 weeks	44 weeks	52 weeks	Application renewal
Discount level	100%	60%	40%	If successful 40%

The discounts will be applied from the date on this form and you will be sent information about your amended charges. A payment plan will be started following the 8 week grant period.

If Citizens Advice, DWP, Jobcentre verify that you have no income in the household you will qualify for Assure Assist if **you are not already receiving the Assure tariff**.

If you are already on the Assure tariff you will continue to stay on the tariff at the present discount level.

Please complete the form on pages 3 and 4 and return to us at: **FREEPOST ASSURE, Green Lane, Walsall, WS2 7PD.**

We will give you a decision about your application within 10 working days. If your application is unsuccessful we'll let you know why in writing.

### Do I need to be on a water meter?

You don't have to be on a water meter, but we would encourage you to have a meter if this would benefit you. Having a water meter may help to reduce your water bill and make payments more affordable.

If you would like to know more or apply for a water meter please contact us on **0345 45 67 063** or search 'Switching to a meter' on our website [www.south-staffs-water.co.uk](http://www.south-staffs-water.co.uk).

## South Staffordshire Water Charitable Trust

[www.sswct.org](http://www.sswct.org)



South Staffordshire Water  
Charitable Trust

If you're struggling to pay your water charges and have arrears, we can consider you for the South Staffordshire Water Charitable Trust. This independent charity established by South Staffs Water assists customers facing genuine difficulties or distress with the cost of meeting their bill and arrears.

If you wish to be referred to Charitable Trust for help with water arrears please complete the section on page 3.

# Application for Assure Assist

Organisation referring \_\_\_\_\_ Town/address \_\_\_\_\_

Please complete pages 3 and 4 and return to us at, **FREEPOST ASSURE, Green Lane, Walsall WS2 7PD**. We will give you a decision about your application within 10 working days. If your application is unsuccessful we'll let you know why in writing.

## About you

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

When did you move into your home? (Month/Year) \_\_\_\_\_

Best contact number: \_\_\_\_\_ Other contact number: \_\_\_\_\_

Bill payer name if not you: \_\_\_\_\_

If you would like to be referred For Charitable Trust (see information on page 2) please tick here

## Declaration

I confirm that I am the billpayer/applicant and I **consent** to the personal data I have provided on this form being shared with South Staffordshire Water (operating as South Staffs Water and Cambridge Water) for the purposes of processing my application for the Assure Assist tariff. **Tick the box to confirm your consent:**

I understand that South Staffs Water/Cambridge Water (via third party provider Echo Managed Services Limited ('Echo') will process my information in accordance with the South Staffordshire Water plc privacy policy (available at [www.south-staffs-water.co.uk/privacy-cookie-policy](http://www.south-staffs-water.co.uk/privacy-cookie-policy)) for the purposes of completing my application for Assure Assist and managing my account. I understand I may be contacted directly by Echo for these purposes.

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

How would you like to pay your water bill, as we may not have details of this already?

- Direct Debit       Water Direct (if in arrears)  
 Weekly       Fortnightly       Monthly

I/We would like to pay by Direct Debit on one of the following dates of each month: (Please tick)

- 1st       7th       14th       21st

## Instructions to your Bank or Building Society to pay by Direct Debit.

Reference Number (To be completed by SSW)

Service user number **940309**

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society  
Bank/Building Society \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_

Instruction to your Bank or Building Society  
Please pay South Staffordshire Water PLC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with South Staffordshire Water PLC and, if so, details will be passed electronically to my Bank/Building Society.  
Signature(s) \_\_\_\_\_  
Date \_\_\_\_\_

# Priority Services Register

Customers who have additional needs or require extra help can access a range of free services we offer by joining our Priority Services Register.

If you or someone in your household has particular requirements due to age, health, medical condition or extra communication requirements please register below. We will process all of your personal data in accordance with our privacy policy available on our website at [www.south-staffs-water.co.uk/privacy-cookie-policy](http://www.south-staffs-water.co.uk/privacy-cookie-policy).

Please tick all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Blind                              | <input type="checkbox"/> Partially sighted                  | <input type="checkbox"/> Deaf/hard of hearing                       |
| <input type="checkbox"/> Careline/telecare system           | <input type="checkbox"/> Dialysis at home                   | <input type="checkbox"/> Dialysis at hospital                       |
| <input type="checkbox"/> Children under 5 living at address | <input type="checkbox"/> Dementia or cognitive impairment   | <input type="checkbox"/> Bath/shower required for medical condition |
| <input type="checkbox"/> Medically dependant on water       | <input type="checkbox"/> Mental health condition            | <input type="checkbox"/> Unable to answer door                      |
| <input type="checkbox"/> Need extra time to answer door     | <input type="checkbox"/> Physical impairment/mobility issue | <input type="checkbox"/> Poor sense of taste/smell                  |
| <input type="checkbox"/> Chronic/serious illness            | <input type="checkbox"/> Developmental condition            | <input type="checkbox"/> Large print bill                           |
| <input type="checkbox"/> Braille bill                       | <input type="checkbox"/> Stair lift/hoist/electric bed      |   |

If you have another condition which isn't in the list, please tell us a bit about it:

If you would like to register a password for our team to use please note the password here:

--	--	--	--	--	--	--	--

We will process the information you provide, including in connection with your health and other sensitive information, ("**sensitive information**"):

1. to **register you** for additional assistance on our priority services register;
2. to **contact you** in the event of an incident - our third party provider Echo Managed Services Limited will process your information and contact you on our behalf, and we share your sensitive information with them for this purpose;
3. to arrange with our third-party water main contractors and suppliers of emergency plumbing services to **provide assistance** in the event of an incident or repair which affects your supply - we will provide those suppliers with your contact details and the circumstances of your requirement (including specific medical conditions if appropriate) in order that they can provide the assistance you need.

Please tick here to confirm that you consent to us processing your sensitive information as set out above:

<b>Print name:</b> .....
<b>Signed:</b> ..... <b>Date:</b> .....

If you'd like us to stop processing your sensitive information, and want to be removed from our Priority Services Register please let us know at any time by emailing your request to [water@south-staffs-water.co.uk](mailto:water@south-staffs-water.co.uk) or calling 0345 60 70 456 and advising the Customer Services team.