

Care and Repair Application Form

1. Name		
2. Address		
Telephone		
Date of Birth		<u> </u>
4. Medical Card Holder:	Yes / No	
5. Are you in receipt of a So	cial Welfare Paymo	ent? Yes / No
6. How many people are liv	ing in the house?	
7. Are you or any of the occu	upants disabled or	suffering from a specific chronic illness? Yes/No
If yes please specify		
8. Please describe the minor		carried out.
9. Please confirm you have th	ne necessary mater	ials in your home to complete the job. Yes / No
Please give brief directions t	to your house	

Clár I.C.H. will seek a contribution of ϵ 10 or ϵ 20 call out charge depending on the nature and size job.

Please send completed form to:

Clár I.C.H. Ltd. – Care and Repair Programme, Ballyhaunis Road, Claremorris, Co Mayo.

Tel: 094 9373455

The Care and Repair Programme is being delivered in association with the Rural Social Scheme administered by South West Mayo Development Company







