

Health Verification for ECO Flex Applications

Please complete this form as confirmation that the householder shown below has health issues that could be made worse by living in a cold home. Grants maybe available to install energy efficiency measures funded by the energy companies to make their home more affordable to heat.

To be completed by the household:

Name(s) _____

Additional Notes _____

Address _____

Postcode _____

Tel number _____

Email _____

Date of birth (DD/MM/YYYY) ___/___/___

Please state all health issues _____

Householder/s Signature

Date (DD/MM/YYYY) ___/___/___

To be completed by the health/social care professional:

Additional Notes _____

Name _____

Job Title _____

Tel number _____

Email _____

I confirm that the person named has the health issues stated

Signature _____
