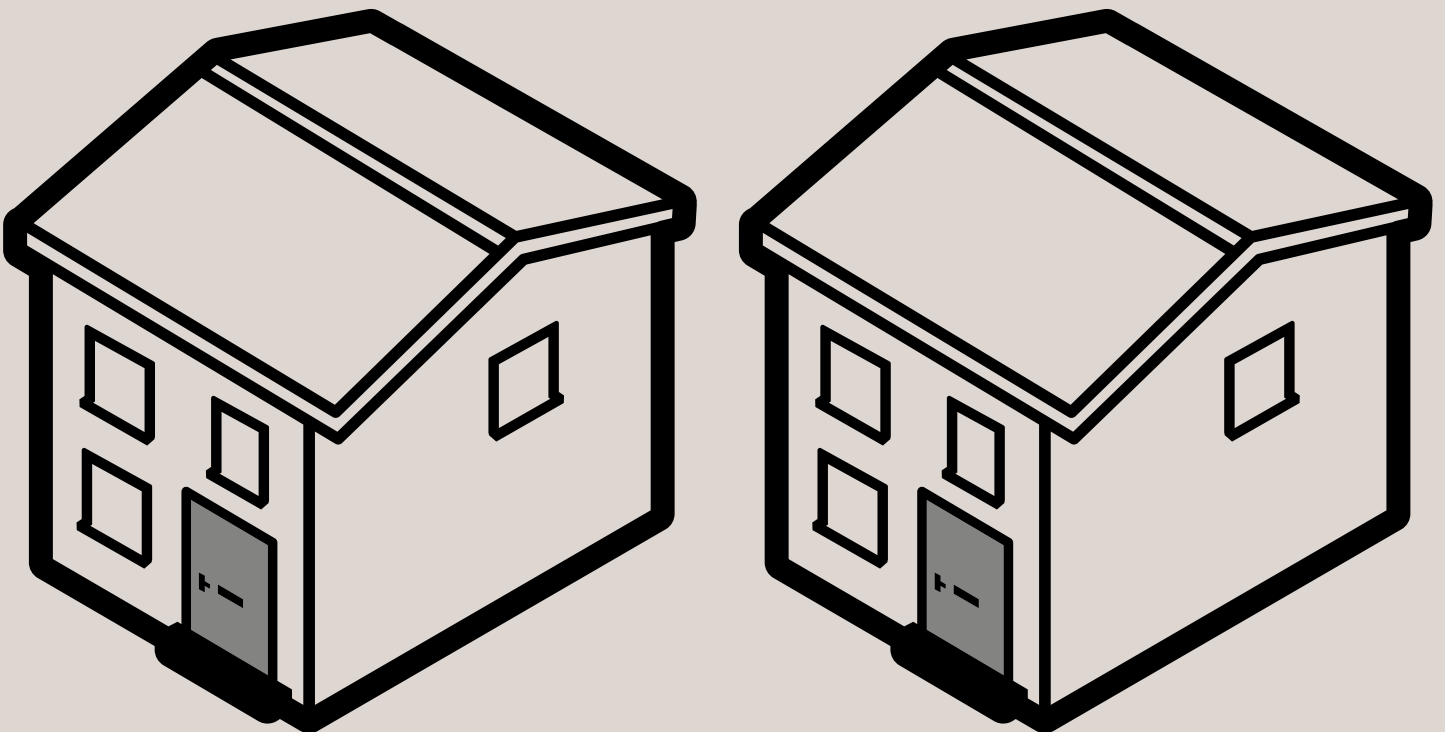




Extra Care Housing in Manchester Application



Privacy: To see details of how we will use your information, please see the online privacy notices for the Council's Adult Social Care Service and for Housing Solutions at www.manchester.gov.uk

Section 1: Applicant details

Is this a single or joint application?

Single Joint*

Email address

Title

How do you prefer to be contacted?

Name in full

Phone Email Post

Date of birth

*Joint applications

If this is a joint application, please state the name of the person you are applying with, and their relationship to you.
(Please note: if this is a joint application, a completed application form is required for each individual).

Age

NI number

Name of other applicant

Address (including postcode)

Relationship to you

Home phone number

Mobile number

Other contact telephone number

Please provide details of your next of kin.

Name

Relationship to you

Their telephone number(s)

Their email address(es)

Eligibility for assistance

Are you:

British citizens?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

(If No, please complete the questions below.)

Subject to immigration control?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

or

Commonwealth citizens with the right of abode in the United Kingdom?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

or

Citizens of a European Union country or Iceland, Norway or Liechtenstein?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

Which Extra Care scheme are you interested in moving to?

Scheme name	1st choice	2nd choice	3rd choice
Whitebeck, North Manchester			
The Byrons, North Manchester			
Butler Court, North Manchester			
Elmswood Park, Central Manchester			
Hibiscus, Central Manchester			
Westfields, South Manchester			
Village 135, South Manchester <i>(a separate application form must be completed for this scheme)</i>			
Shore Green, South Manchester <i>(specialist dementia scheme)</i>			

Schemes in development

Scheme name	1st choice	2nd choice	3rd choice
Oaklands House, Central Manchester <i>(specialist dementia scheme, expected to open late spring 2021)</i>			
Dahlia House, South Manchester <i>(expected to open autumn 2021)</i>			
Brunswick Village, Central Manchester <i>(expected to open spring 2021)</i>			
Gorton Mill House, Central Manchester <i>(expected to open spring 2021)</i>			

Why do you wish to live in Extra Care?

Section 2: Your current housing

Are you:

- A council tenant
- A housing association tenant
(If Yes, supply name of association)
- A homeowner
- A private tenant
- A lodger
- Living with family or friends
- In hospital
- In sheltered accommodation
- Resident in a residential or nursing home
- Living in a hostel or temporary accommodation
- In prison
- Other *(please specify)*

Are you currently registered on the Manchester Housing Register?

- Yes
- No

What is your rehousing application number?

How much do you pay?

- Mortgage
- Rent
- Board

Do you owe arrears?

- Yes
- No

Is your present accommodation

- Permanent?
- Temporary?

What type of property do you live in?

- House
- Flat
- Bungalow
- Other

How many rooms are there?

(Please state number for each.)

Living room

Bedroom

Kitchen

Bathroom

Toilet

Other *(please state)*

Do you have a downstairs toilet/ bathroom/wet room?

- Yes
- No

If you live in a flat, which floor do you live on?

- Ground
- First
- Second
- Third
- Above third

What floor level is the bathroom on?

- Ground
- First
- Second
- Third
- Above third

Does the building have a lift?

- Yes
- No

Section 3: Previous accommodation

How long have you lived at your present address?

Years Months

If less than three years, please list your addresses for that period, stating how long you lived at each and your reason for leaving (continue on another sheet if required).

Address one

Address two

Sharing
Owner-occupier
Renting (local authority)
Renting (private landlord)
Renting (housing association)

Sharing
Owner-occupier
Renting (local authority)
Renting (private landlord)
Renting (housing association)

From month year
To month year

From month year
To month year

Reason for leaving

Reason for leaving

Address three

Sharing
Owner-occupier
Renting (local authority)
Renting (private landlord)
Renting (housing association)

From month year
To month year

Reason for leaving

Have you ever been given a reason to leave a property by your landlord?

Yes No

If Yes, why?

If you don't live in Manchester at the moment, please state the connection you have to the scheme you are applying for.

Section 4: What is your economic status?

Employed
Unemployed
Retired

Do you receive Disability Living Allowance (DLA)

Yes No
If Yes, at what level?

Care component
Low Medium High

Standard £

Enhanced £

Mobility component

Lower Higher

Standard £

Enhanced £

Do you receive Personal Independence Payments (PIP)?

Yes No
If Yes, at what level?

Daily living component

Standard £

Enhanced £

Mobility component

Standard £

Enhanced £

If you receive any other benefits, please state which and how much:

£

£

TOTAL INCOME £

We will treat this information confidentially. It is important you are getting the benefits you are entitled to. We will help you to claim them.

Please tell us about your financial situation.

Are you receiving:

**Main applicant
(weekly)**

Pension £

State pension £

Occupational pension £

Pension tax credit £

Regular wages from employment £

Benefits £

Housing Benefit £

Incapacity Benefit £

Income Support £

Attendance Allowance £

Carers Allowance £

Universal Credit £

Do you have any savings?

Yes No

If Yes, how much

Do you own a property, including the home you live in now?

Yes No

Do you intend to sell your property?

Yes No

Are you currently in a financial position to move?

Yes No

How much notice do you require to organise a move?

Week(s)

Please answer the following questions if the scheme you are choosing has shared ownership or sales properties available and you're eligible for this scheme.

If you own a property, how much money would you or they make if the property was sold, after paying off the mortgage and any other debts? If there is more than one property, state the total amount.

£

Have you disposed of any assets or property or capital for free, or for less than they were worth at the time, to family members or friends?

Yes No

If Yes, when was it and when did it happen?

Section 5: Care and support

This information will form part of a care and support assessment.

Do you have any help or care provided by a care company?

Care companies are also called domiciliary care agencies or care agencies.

Yes No

How many hours of care do you receive each week?

What is the name of your care company?

Who is funding the care you receive?

Social Services Health
Private arrangement

Do you need or receive help with any of the following?

(Please tick all the boxes that apply.)

Managing finances and benefits	Need	Not needed	Help received
Paying bills	Need	Not needed	Help received
Maintaining safety and security of your home	Need	Not needed	Help received
Cleaning and dusting	Need	Not needed	Help received
Washing and ironing	Need	Not needed	Help received
Shopping	Need	Not needed	Help received
Setting heating controls	Need	Not needed	Help received
Transport and mobility	Need	Not needed	Help received
Doing or reporting repairs	Need	Not needed	Help received
Dealing with external agencies	Need	Not needed	Help received
Taking part in activities or hobbies	Need	Not needed	Help received

Do you need assistance with any of the following tasks?

(Please tick all the boxes that apply.)

Eating	Getting in and out of bed
Dressing or undressing	Sitting down or standing up
Washing and bathing	Moving about
Going to the bathroom	Housework
Preparing meals	Medication

Are you registered disabled?

Yes No

Are you registered blind?

Yes No

Do you have a mental health condition?

Yes No

If Yes, please provide additional information.

Do you have any issues concerning drug or alcohol use?

Yes No

If Yes, please provide additional information.

Section 6: Mobility

Do you have any mobility problems?

Yes No

If Yes, please describe here:

If you have difficulty walking, which of the following do you use?

Nothing Self-propelled wheelchair Motorised wheelchair
Walking stick Walking frame Electric scooter
Other (please state):

If you use a wheelchair, where is it used?

(Please tick all those that apply.)

Indoors only Indoors and outdoors Outdoors only

Do any of the following things around or in your home affect your mobility?

(Please tick all those that apply.)

Hilly area Stairs Steps to front door
Steps from back door to garden

Do you have any problems accessing the toilet or bathroom due to your mobility?

Yes No

Would you be more independent if your home had no stairs or steps (level access)?

Yes No

Do you have difficulty using a lift?

Yes No

Have you had any falls at home or elsewhere?

Yes No

If Yes, please describe here:

Has your home been adapted to help with your mobility? (for example, handrails, stairlift, level access shower)

Yes No

If Yes, please describe here:

Are you on the waiting list for adaptations to your home?

Yes No

If Yes, please describe the adaptations you are waiting for:

Would you need any adaptations before moving to a new home?

Yes No

If Yes, please describe here:

Please give any information that will support your application, including long-term health conditions, treatment and medication, or social issues such as vulnerability.

(Continue on a separate sheet if required)

Section 7: Wellbeing

Do any of the following apply to you?

(Please tick all boxes that apply.)

Do you feel lonely and isolated?	Yes	No
Do you have any memory problems?	Yes	No
Do you feel depressed?	Yes	No
Do you feel confused?	Yes	No
Do you feel at risk of abuse and/or neglect?	Yes	No
Do you feel able to make choices for yourself?	Yes	No
Do people (including carers) listen to your wishes, feelings, and beliefs?	Yes	No

Section 8: Details of people and agencies that help or support you

It is important that we get a clear picture of the amount of support you need.

If you answered 'yes' to any of the questions in Section 5 Care and Support, please tell us whether you receive any support and/or care services at the present time. If you are in receipt of care and support, please give details of who is currently providing the help, and approximately how many times they visit each day and for how long. This could be a social worker, district nurse, carers, or even friends and family.

Do you receive support and/or care services at the moment?

Yes No

(If Yes, please give the names of people who support you, the type of care they provide, and if this support will continue.)

Person one

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person two

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person three

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person four

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person five

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person six

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Do you currently receive services from any of the agencies below?

Yes No

If Yes, please provide the following details:

Social worker

Yes No

Name

Contact number

How often you see them

Can we contact them for further information?

Yes No

District nurse

Yes No

Name

Contact number

How often you see them

Can we contact them for further information?

Yes No

Psychiatric nurse/CPN

Yes No

Name

Contact number

How often you see them

Can we contact them for further information?

Yes No

Occupational therapist

Yes No

Name

Contact number

How often you see them

Can we contact them for further information?

Yes No

Other

(please specify)

Yes No

Name

Contact number

How often you see them

Can we contact them for further information?

Yes No

Section 9: Signature and declaration

Signed: If you have completed this form on behalf of somebody else, please state your relationship with the applicant, eg. social worker, friend, district nurse, and provide contact detail.

Print: Name:

Relationship:

Telephone:

If this form is signed on behalf of the applicant, please state whether you have Power of Attorney for them.

Email:

Yes No

We allocate Extra Care properties through a citywide panel attended by housing and care providers led by Manchester City Council Commissioning staff. In order to match you to the right property and improve your offers, we would like to share the information in this form. Do you consent to this?

Yes No

We will not share your information with anyone else other than professionals and partners involved in your Extra Care application.

Please return this form to the relevant Extra Care housing scheme management for their consideration.

This document is also available in large print and Braille. Please call 0161 234 3193 or email m-four.translations@manchester.gov.uk to request a copy.

For more information on how your accommodation is allocated in Extra Care, please contact the individual scheme manager.

Section 10: Rehabilitation of Offenders Declaration and antisocial behaviour

Have you had a criminal conviction that is unspent* or excluded from the Rehabilitation of Offenders Act 1974?

Yes No

If you have ever applied for rehousing, was your application subject to a Serious Offenders Panel and refused?

Yes No

Have you ever caused a nuisance to neighbours, acted antisocially, been involved in criminal activities, broken a tenancy agreement, or been evicted from a rented home?

Yes No

If Yes, please supply details on a separate sheet of paper and attach to this application. Include your full name and date of birth on any additional sheets.

***What counts as an unspent conviction?**

A custodial sentence of four years or more, is always unspent.

Rehabilitation periods for England and Wales

Custodial sentence	Rehabilitation period (from end of sentence)
Less than 6 months	2 years
Between 6 and 30 months	4 years
30 months – 4 years	7 years
More than four years	Never

Non-custodial sentence	Rehabilitation period (from end of sentence)
Community order	1 year
Fine	1 year (from the date of conviction)
Absolute discharge	None

Section 11: Equality monitoring

Do you identify with any religion or belief?

Yes No
Prefer not to say

If Yes, please tell us your faith or religion:

Christian
(including Church of England,
Roman Catholic, Protestant and all
other Christian denominations)
Buddhist
Jewish
Muslim
Hindu
Sikh
Prefer not to say
Any other religion (please specify):

What is your status?

Single
Life partner
Married
Civil partnership
Prefer not to say
Other (please specify):

Do you have caring responsibilities?

(Tick all that apply.)

None
Primary carer of disabled adult
(18 and over)
Primary carer of a child/children
(under 18)
Primary carer of an older
person/people (65 and over)
Primary carer of disabled
child/children
Secondary carer
Prefer not to say

Which of the following best describes your working situation?

(Tick all that apply.)

I am working full-time
I am not working
I am retired
I am working part-time
I work as a volunteer
Prefer not to say

What is your gender?

Male Female Prefer not to say

Do you identify with the gender you were assigned at birth, eg. male or female?

Yes No Prefer not to say

I would describe my ethnic origin as:

Black British	Black African
Kashmiri	Vietnamese
Roma/Romani traveller	White and Asian
Black Caribbean	Bangladeshi
Middle Eastern	White British
White and black Caribbean	Indian
Black Somali	Chinese
Pakistani	White Irish
White and black African	Prefer not to say
White gypsy/Irish traveller	
Other mixed origin (please specify):	Other black (please specify):
Other Asian (please specify):	Other white (please specify):
Any other (please specify):	

Do you consider yourself to be a disabled person?

Yes No Prefer not to say

I would describe my sexuality as:

Heterosexual/straight Lesbian Gay Bisexual Prefer not to say
Other (please specify):

Supplementary section *(for office use only)*

Details of any further assessment information from social worker, care manager or district nurse.

Is any supporting information enclosed? Please record and date.

What is the current location of the applicant? (for example, hospital, care home, respite accommodation)

Is there any additional information that you think is relevant?

Final scheme preferences

1st choice:

2nd choice:

3rd choice:

For office use only (reference number)

To see details of how we will use your information,
please see the online privacy notices for the Council's
Adult Social Care Service and for Housing Solutions at
www.manchester.gov.uk

Please recycle this when you have finished
with it. This leaflet was printed on recycled
paper using vegetable-based inks.

97887 – Manchester City Council 2019

