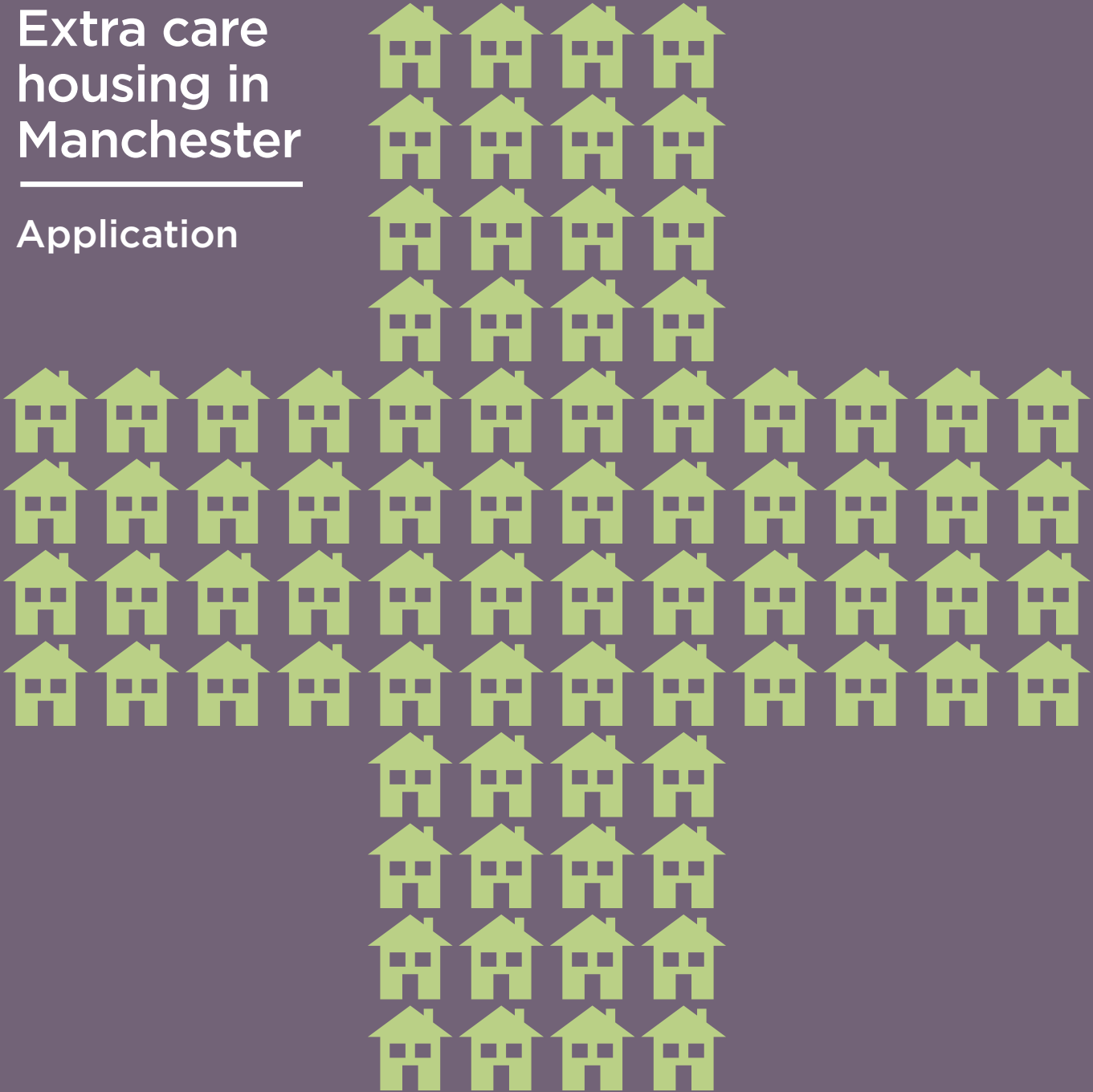


# Extra care housing in Manchester

## Application





## Section 1

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Applicant  
details

## Main applicant

Title:            First name:

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Last name:

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Male/Female:

Date of birth:

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National Insurance number:

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Address:

---

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Postcode:

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Alternative address:

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Postcode:

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Home telephone number:

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Work telephone number:

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Mobile number:

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Email:

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How do you prefer to be contacted?

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**What is your current housing tenure?** (please tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Council                           | <input type="checkbox"/> Housing association |
| <input type="checkbox"/> Family and friends                | <input type="checkbox"/> Owner               |
| <input type="checkbox"/> Hostel or temporary accommodation | <input type="checkbox"/> Lodger              |
| <input type="checkbox"/> Prison                            | <input type="checkbox"/> Hospital            |
| <input type="checkbox"/> Tied accommodation                |  |
| <input type="checkbox"/> Other (please state):             |  |
- 

**Name of landlord if renting from a housing association**

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**Are you currently registered on the Manchester Housing Register?**

- Yes    No

**What is your rehousing application number?**

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## Which Extra Care scheme are you interested in moving to?

Scheme name	1st choice	2nd choice	3rd choice	Do not offer this scheme
Whitebeck Court, North Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Byrons, North Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butler Court, North Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hibiscus, Central Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Westfields, South Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shore Green (specialist dementia scheme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are not sure which scheme you prefer, you can leave this section blank. We will discuss scheme choices during the next stage of your application.



## Section 2

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Employment,  
benefits and  
savings

## What is your economic status?

Employed    Unemployed    Retired

<b>Benefits</b>	Main applicant	Joint applicant	How often do you get this?
Wages	£	£	
Housing Benefit	£	£	
Incapacity Benefit	£	£	
Income Support	£	£	
Pension	£	£	
Pension Tax Credit	£	£	
DLA	£	£	
Attendance Allowance	£	£	
Carer's Allowance	£	£	
Total	£	£	

## Do you or the joint applicant have any savings?

Yes    No

If yes, what is the value of your savings?   £



**Do you, or anyone who will be moving in with you, own any property, including the home you or they live in now?**

Yes    No

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

£ \_\_\_\_\_

**Do you intend to sell your property?**

Yes    No

**Are you currently in a financial position to move?**

Yes    No

**How much notice would you require to organise a move?**

\_\_\_\_\_ weeks



## Section 3

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Care  
questionnaire

**If you are one of a couple, please complete one questionnaire each. This information will form part of a care and support assessment.**

Please state who this provides care information about:

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**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

**Was your care arranged by Social Services (Social Care) or by yourself?**

Social Services    Self

**How many hours of care do you receive each week?**

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**What is the name of your care company?**

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**Who is funding the care you receive?**

Social Services    Health    Private arrangement

**If you move to Extra Care housing, you may be able to continue to use the same care company, or you can use the one provided by the scheme. Will you want to change to use the care company at the scheme?**

Yes    No

## Section 3.1: Care and support questions

As you are applying for an Extra Care scheme, it is important that we get a good understanding of what you can do for yourself, and the types of care and support you currently receive or need. Please try not to understate your needs. Think about how you feel on a bad day as well as a good one.

### 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Eating                 | <input type="checkbox"/> Getting in and out of bed   |
| <input type="checkbox"/> Dressing or undressing | <input type="checkbox"/> Sitting down or standing up |
| <input type="checkbox"/> Washing and bathing    | <input type="checkbox"/> Moving about                |
| <input type="checkbox"/> Going to the bathroom  | <input type="checkbox"/> Housework                   |
| <input type="checkbox"/> Preparing meals        | <input type="checkbox"/> Medication                  |

**Are you registered disabled?**

- Yes    No

**Are you registered blind?**

- Yes    No

**Do you have a mental health condition?**

- Yes    No

**Do you have any issues concerned with drug or alcohol use?**

- Yes    No

## Section 3.2: Mobility questions

**Do you or anyone moving with you have any mobility problems?**

Yes  No

If yes, please describe here:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Nothing               | <input type="checkbox"/> Walking stick    |
| <input type="checkbox"/> Wheelchair            | <input type="checkbox"/> Walking frame    |
| <input type="checkbox"/> Motorised wheelchair  | <input type="checkbox"/> Electric scooter |
| <input type="checkbox"/> Other (please state): |   |

---

**Has your home been adapted to help with your mobility?**

(For example, handrails, stairlift, level access shower)

Yes  No

If yes, please describe here:

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**Are you on the waiting list for adaptations?**

Yes  No

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

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## Section 3.3: Your wellbeing

### Do any of the following apply to you?

(Please tick all the boxes that apply)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you feel lonely and isolated?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have memory problems?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel depressed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel confused?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel at risk of abuse and/or neglect?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel able to make choices for yourself?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do people (including carers) listen to your wishes, feelings and beliefs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |





## Section 4

Details of people  
and agencies  
that 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 2, 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 currently receive support and/or care services at the moment?**

Yes    No

Name	Contact number	Relationship to you

Will this support continue?    Yes    No

What tasks does the contact do to support you?

Name	Contact number	Relationship to you

Will this support continue?    Yes    No

What tasks does the contact do to support you?

Name Contact number Relationship to you

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Will this support continue?  Yes  No

---

What tasks does the contact do to support you?

---

---

Name Contact number Relationship to you

---

Will this support continue?  Yes  No

---

What tasks does the contact do to support you?

---

---

Name Contact number Relationship to you

---

Will this support continue?  Yes  No

---

What tasks does the contact do to support you?

---

---

**Please provide details of your next of kin.**

Name Relationship to you

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## Section 5

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Signature and  
declaration

Signed:

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Print name:

---

Date:

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

Yes    No

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

Name:

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Relationship:

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Telephone:

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Email:

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**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 of properties, we would like your consent to share the information in this form. Do you consent to this?

Your information will not be shared with anyone else other than professionals involved in your Extra Care application.

Yes    No



## Section 6

Gold Equality  
Monitoring Standards

**What is your gender?** (Please tick one box only)

- Male    Female    Prefer not to say

**Do you identify with the gender you were assigned at birth eg. male or female?** (Please tick one box only)

- Yes    No    Prefer not to say

**I would describe my ethnic origin as:** (Please tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Black British             | <input type="checkbox"/> Black African     |
| <input type="checkbox"/> Kashmiri                  | <input type="checkbox"/> Vietnamese        |
| <input type="checkbox"/> Roma/Romani traveller     | <input type="checkbox"/> White and Asian   |
| <input type="checkbox"/> Black Caribbean           | <input type="checkbox"/> Bangladeshi       |
| <input type="checkbox"/> Middle Eastern            | <input type="checkbox"/> White British     |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Black Somali              | <input type="checkbox"/> Chinese           |
| <input type="checkbox"/> Pakistani                 | <input type="checkbox"/> White - Irish     |
| <input type="checkbox"/> White and Black African   | <input type="checkbox"/> Indian            |

White - Gypsy/Irish traveller

Other mixed origin (please specify):

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Other African (please specify):

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Other Asian (please specify):

---

Other black (please specify):

---

Other white (please specify):

---

Any other (please specify):

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**Do you consider yourself to be a disabled person?**

(Please tick one box only)

- Yes    No    Prefer not to say

**I would describe my sexuality as:** (Please tick one box only)

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

**Do you identify with any religion or belief?**

(Please tick one box only)

- Yes    No    Prefer not to say

If Yes, please tell us your faith or religion: (Please tick one box only)

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

**What is your status?** (Please tick one box only)

- Single                       Married                       Prefer not to say  
 Life partner                       Civil partnership  
 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 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 working part-time
- I am not working
- I work as a volunteer
- I am retired
- Prefer not to say



# Supplementary section

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For office use only

## Supplementary section (For office use only)

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

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Is your supporting information enclosed? Please record details and date.

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What is the current location of applicant? For example, hospital, care home, respite accommodation.

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Do you have any additional information that you think is relevant?

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Final scheme preferences.

1st choice:

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2nd choice:

---

3rd choice:

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**Please return this form in the envelope provided.**

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

For office use only (reference number)