

CONFIDENTIAL



VILLAGE  
135

# Application for Extra Care Living

To help us process your application, we would be grateful if you could complete this questionnaire. The information provided will form part of a care and support assessment.

## About you

Is this a single or joint application? Single  Joint

### 1st Applicant

Title Mr  Mrs  Miss  Ms  Dr  Other

Name (in full)

Address (include postcode)

Telephone (daytime - include Area Code)

Telephone (evening - include Area Code)

Email Address

National Insurance Number

Date of Birth Day  Month  Year

### 2nd Applicant

Title Mr  Mrs  Miss  Ms  Dr  Other

Name (in full)

Address (include postcode)

National Insurance Number

Date of Birth Day  Month  Year

Relationship

For information please provide details of your Doctor (contact will not be made without your prior consent).

Your Doctor's Name

Address

Telephone

## Eligibility for assistance

Are you and all members of your household either:

**British Citizens?**

Yes  No

or

**Subject to Immigration Control?** *(If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation).*

Yes  No

or

**Commonwealth Citizens with the right of abode in the United Kingdom?** *(If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation).*

Yes  No

or

**Citizens of a European Union Country or Iceland, Norway or Liechtenstein?** *(If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation).*

Yes  No

# 1. Your present housing

## 1.1 Are you:

- |   |                          |                             |                          |
|---|--------------------------|-----------------------------|--------------------------|
| A local authority tenant?                 | <input type="checkbox"/> | Live with family?           | <input type="checkbox"/> |
| A housing association tenant?             | <input type="checkbox"/> | A lodger?                   | <input type="checkbox"/> |
| A resident in a residential/nursing home? | <input type="checkbox"/> | A private tenant?           | <input type="checkbox"/> |
| A home owner?                             | <input type="checkbox"/> | In sheltered accommodation? | <input type="checkbox"/> |

If you are a housing association tenant, please state the name of the housing association:

## 1.2 How much do you pay?

Mortgage £  Rent £  Board £

Do you owe arrears? Yes  No

1.3 Is your present accommodation: Permanent?  Temporary?

## 1.4 What type of property do you live in?

House  Flat  Bungalow  Other

How many rooms are there? (Please state number for each).

Living Rooms  Bedrooms  Kitchen  Bathroom  Toilets

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?

## 1.5 Do you have a pet?

Yes  No

If yes, what?

## 2. Previous accommodation

### 2.1 How long have you lived at your present address?

If less than 3 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 desired)

Address	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Sharing	<input type="checkbox"/>	Sharing	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	Owner occupier	<input type="checkbox"/>
Renting council	<input type="checkbox"/>	Renting council	<input type="checkbox"/>
Renting private	<input type="checkbox"/>	Renting private	<input type="checkbox"/>
Renting housing association	<input type="checkbox"/>	Renting housing association	<input type="checkbox"/>
From: Month/Year	<input type="text"/> / <input type="text"/>	From: Month/Year	<input type="text"/> / <input type="text"/>
To: Month/Year	<input type="text"/> / <input type="text"/>	To: Month/Year	<input type="text"/> / <input type="text"/>
Reason for Leaving	<input type="text"/>	Reason for Leaving	<input type="text"/>

### 2.2 Have you ever been given notice to leave by your landlord?

Yes  No

If so, why?

### 2.3 If you do not currently live in the area of the scheme for which you are applying, please state here if you have a connection to that area (i.e. family living nearby).

## 3. Mobility

### 3.1 Do you have any mobility problems?

Yes  No  If NO, please go to Part 4

### 3.2 If YES, Please describe these?

### 3.3 If you have difficulty walking which of the following do you use? (Please tick those that apply)

Nothing  Walking stick  Self Propelled Wheelchair  Walking frame

Motorised Wheelchair  Electric Scooter

Other (please describe)

Are you registered disabled Yes  No

Are you registered blind Yes  No

### 3.4 If you use a wheelchair where is it used? (Please tick those that apply)

Indoors only  Both indoors and outdoors  Outdoors only

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

*(Please tick 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 level access?**

Yes     No

**Do you have difficulty using a lift?**

Yes     No

**3.6 Have you had any falls at home or elsewhere? *(If yes please describe)***

Yes     No

If yes, please describe:

**3.7 Has your home been adapted to help with your mobility? i.e. handrails or stair lift fitted level access shower installed.**

Yes  No

If yes, please describe the adaptations that have been made:

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

Yes  No

If yes, please describe the adaptation which you are waiting for:



## 4. Support and Care

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

### 4.1 Do you need or receive assistance with any of the following: *(Please tick those that apply)*

	Need support	Already receive support
a) Managing finances and benefits	<input type="checkbox"/>	<input type="checkbox"/>
b) Assistance with paying bills	<input type="checkbox"/>	<input type="checkbox"/>
c) Help in maintaining safety & security of your home	<input type="checkbox"/>	<input type="checkbox"/>
d) Assistance with cleaning/dusting	<input type="checkbox"/>	<input type="checkbox"/>
e) Support to wash/iron clothes	<input type="checkbox"/>	<input type="checkbox"/>
f) Assistance with shopping	<input type="checkbox"/>	<input type="checkbox"/>
g) Assistance with setting heating controls	<input type="checkbox"/>	<input type="checkbox"/>
h) Transport & mobility	<input type="checkbox"/>	<input type="checkbox"/>
i) Assistance in undertaking repairs or reporting repairs	<input type="checkbox"/>	<input type="checkbox"/>
j) Assistance with dealing with external agencies	<input type="checkbox"/>	<input type="checkbox"/>
k) Support to participate in activities or interests	<input type="checkbox"/>	<input type="checkbox"/>

### 4.2 Do you need assistance with any of the following daily tasks: *(Please tick those that apply)*

a) Getting in and out of bed	<input type="checkbox"/>
b) Dressing/undressing	<input type="checkbox"/>
c) Washing or bathing	<input type="checkbox"/>
d) Use of toilet	<input type="checkbox"/>
e) Preparing/cooking meals	<input type="checkbox"/>
f) Eating	<input type="checkbox"/>
g) Getting in or out of a chair	<input type="checkbox"/>
h) Moving about indoors	<input type="checkbox"/>
i) Housework	<input type="checkbox"/>
j) Medication	<input type="checkbox"/>

## 5. Personal Wellbeing

**5.1 Do any of the following apply to you:**

**Yes**

**No**

Feeling lonely and isolated

Memory problems

Depression

Feeling confused

**5.2 Please describe your problems and any help that you receive to overcome these:**

## 6. Details of People & Agencies Who Provide You With Help or Support

It is important that we get a clear picture of the amount of support you need. Therefore, if you answered 'yes' to any of the questions in section 4 please tell us whether you are receiving support and or care services at the present time. If you are, please give details of who is currently providing the support, approximately how many times per day and the estimated amount of time involved.

Support/Care Provided	Name/ Organisation	Details of Support/Care Provided	Frequency i.e. daily/weekly	Estimated time involved each week
Partner				
Relative				
Friend/Neighbour				
Home Care/Care Staff				
Scheme Manager/ Support Worker				
Other please specify				

**6.1 Do you currently receive services from any of the following agencies?**

Yes  No  If yes, please provide details:

	Their Name & Address	Telephone Number	How often do you see them?	May we contact them for further information
Social Worker				Yes <input type="checkbox"/> No <input type="checkbox"/>
District Nurse				Yes <input type="checkbox"/> No <input type="checkbox"/>
Psychiatric Nurse				Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational Therapist				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other please specify				Yes <input type="checkbox"/> No <input type="checkbox"/>

## 7. Income & Benefits

**7.1 This information will be treated as confidential. It is important that we assess if you are in receipt of benefits that you are entitled to. We will help you to claim benefits and help you throughout the process.**

**Please tell us about your financial situation, are you receiving:**

	Applicant's total weekly amount	Joint applicant's total weekly amount (if applicable)
<b>7.2 Pension</b>		
State pension?	£ _____	£ _____
Occupational pension?	£ _____	£ _____
Regular income for employment?	£ _____	£ _____
What was your main occupation?	_____	
Name of employer?	_____	
<b>7.3 Benefits</b>		
Income support/Pension credit?	£ _____	£ _____
Attendance allowance	£ _____	£ _____
Housing benefit	£ _____	£ _____
Do you get Disability Living Allowance (DLA) or Personal Independence Payments (PIP)?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, which one do you receive and what level?		
DLA: _____		
Care component: _____		
Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	£ _____	£ _____
Mobility component: _____		
Lower <input type="checkbox"/> Higher <input type="checkbox"/>	£ _____	£ _____
PIP: _____		
Daily living component: _____		
Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	£ _____	£ _____
Mobility component: _____		
Standard <input type="checkbox"/> Enhanced <input type="checkbox"/>	£ _____	£ _____
Other Benefits?		
Please state which: _____		



Please tell us about any other income from assets/property/capital from yourself and anyone who will be living with you.

Name \_\_\_\_\_ Type of income: \_\_\_\_\_ £ \_\_\_\_\_ £ \_\_\_\_\_

Name \_\_\_\_\_ Type of income: \_\_\_\_\_ £ \_\_\_\_\_ £ \_\_\_\_\_

Name \_\_\_\_\_ Type of income: \_\_\_\_\_ £ \_\_\_\_\_ £ \_\_\_\_\_

### 7.4 Total Income

Total £ \_\_\_\_\_ £ \_\_\_\_\_

Weekly Total Income £ \_\_\_\_\_ £ \_\_\_\_\_

Do you have any savings? Yes  No

Please tell us the total amount of savings £ \_\_\_\_\_ £ \_\_\_\_\_

How much money would you make if the assets/property or capital were sold, after paying off a mortgage or related debts? (If more that 1 please combine the total), if none, please put "none".

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

Yes  No  If yes, what?

To help us advise you of the widest range of accommodation options that are available we may have to ask for information about you and your partner from the Benefits Agency. Please sign if you give us permission to do this.

Main Applicant Signed

Print Name

Date

Joint Applicant Signed

Print Name

Date

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

**If the sentence was a custodial sentence of two and a half years or more it is always unspent, so answer "Yes"**

Yes  No  Unsure

**Have you ever applied for rehousing and your application been subject to a Serious Offenders Panel and been refused?**

Yes  No  Unsure

**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:

**Do you owe rent or have another housing debt?**

Yes  No

If yes, please supply details:

### **Data Protection**

**We need the information we have asked for to decide your eligibility and priority for rehousing it will be protected and held securely in accordance with our obligations under the Data Protection Act 1998.**

## Declaration

I/we have not put any false information or withheld any relevant information, in this form. I/we will inform the organisation if my/our circumstances change in the future.

Main Applicant Signed  Date

Joint Applicant Signed  Date



If you have completed this form on behalf of somebody else, please specify your relationship with the applicant and provide contact details if correspondence should be sent to you.

Name (printed)

Relationship to Applicant

Contact address

Postcode

Contact telephone number

Email Address

Do you have Power Of Attorney for the applicant? Yes  No

Copy to me only  Copy to me and applicant(s)

Signed  Date

The information provided in this form will be treated with the strictest of confidence and shared only with appropriate members of staff from Wythenshawe Community Housing Group, Adult Social Care at Manchester City Council and other partners involved in the scheme.

I agree for my details to be shared

Please return this form to:

Wythenshawe Community Housing Group, Parkway Green House, 460, Palatine Road, Wythenshawe, M22 4DJ

## Ethnic Origin

How would you describe your ethnic origin? Please tick one for yourself and one box for the person who will live with you.

### White

	You	Joint Application (if applicable)
British or English	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other European	<input type="checkbox"/>	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please state	<input type="text"/>	<input type="text"/>

### Mixed

White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed Background - Please state	<input type="text"/>	<input type="text"/>

### Asian or Asian British

Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please state	<input type="text"/>	<input type="text"/>

### Black or Black British

Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please State	<input type="text"/>	<input type="text"/>

### Other Ethnic Groups

Arab	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please State	<input type="text"/>	<input type="text"/>

**For office use only**

**Details of any further assessment information from Social Worker, Care Manager or District Nurse**

**Supporting information enclosed? Please record details and date**

**Current location of applicant? For example, hospital, care home, respite accommodation**

**Any additional relevant information?**

**Financial assessment date**

**Officer Name**

**Date**

