

Application for assessing the need for Sheltered accommodation.

PLEASE READ THE NOTES BELOW BEFORE COMPLETING THIS FORM.

Complete this form if you have already submitted a main application for housing via the Castle Point homechoice website and you also wish to be considered for our over 60's sheltered housing schemes. Prior to being accepted for our sheltered schemes we will contact you to arrange a sheltered housing assessment appointment.

Castle Point Borough Council, will contact you to advise you of the decision made on your eligibility for sheltered accommodation after your appointment. If you disagree with the decision, you have the right to request a review.

Any request for such a review should be made in writing to The housing options and allocations Manager, within 21 days of the date of your decision letter. You will then be notified of the outcome of the review within 56 days of your request being received.

Please answer all questions in black ink and in **BLOCK CAPITALS**.

Please make sure you fill in **ALL** the sections that apply. If you do not, we will return the form to you as your case cannot be assessed properly without full information.

Section 1 – Applicant details

HR Application ref

Name of applicant		Name of joint applicant	
Date of birth		Date of birth	
National Insurance Number		National Insurance Number	
Current address			
Telephone number			
Email address			

Section 2 – Next of Kin

Name	
Relationship	

Address									
Telephone number									
Email address									
Section 3 – Details of Health									
GP Name									
GP Address									
GP Telephone number									
Please list all current medical conditions									
Please list all known disabilities									
Please list all current medication									
Pendant wearer	Yes		No		Housebound	Yes		No	
Dentist	Yes		No		If yes, how often do you see them?				
Optician	Yes		No		If yes, how often do you see them?				
Section 3 – Support services									
Social worker name:		Office location:			Contact details:				
Support worker name:		Office location:			Contact details:				
CPN name:		Office location:			Contact details:				
Home Help / visiting carers		Yes		No		Days provided M T W T F S S			
		Name: Help given:				Contact details:			
Meal Service		Yes		No		Days provided M T W T F S S			
		Name:				Contact details:			

Please use this space to state other support services used, that support you: eg cleaners / gardeners / chiropodists / visiting hairdressers etc.

Who	Frequency	Contact details

Please state any support services you have used in the past:

Section 4 – Family & social contacts

Do you have family living locally	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----------------------------------	-----	--------------------------	----	--------------------------

If yes please detail

Do you have friends living locally	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------------------------------	-----	--------------------------	----	--------------------------

Do your friends and family help you to live independently?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

If you do, please state how:

Do you have difficulties maintaining relationships?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

If you do, please state how:

Please use this space to state any clubs, societies or voluntary groups you belong to. eg luncheon clubs you attend, tea dances, wrvs, etc

Please use this space to state any social activities or clubs you would like to take part in:

Please use this space to state how you spend your day:

Please use this space to tell us if you feel lonely, or whether you are unable to get to appointments on your own, or feel isolated and wish to become more socially active. Specify any interests that you may wish to participate in.

Do you have any pets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----------------------	-----	--------------------------	----	--------------------------

If yes, please give type, breed and ages

Section 5 – Mobility around the home				
Do you require assistance to walk	Yes		No	
If so, please state how: eg if you use a frame/ stick or Zimmer frame, wheelchair				
Do you require assistance to get in/out of the chair ?	Yes		No	
If yes, how is this done currently?				
Do you require assistance to get in/out of bed?	Yes		No	
If yes, how is this done currently?				
Do you require assistance using the stairs?	Yes		No	
If yes, how is this done currently?				
Do you require any other assistance moving around your home? If so, please state who currently does this for you:				
Please state what adaptations you need to live independently in your home. Eg raised toilet seats, Zimmer frames, stair lifts, hand rails, kettle tippers, raised seating, etc				
Section 6 – Help with personal care				
Do you require assistance to use the toilet?	Yes		No	
If yes, how it this done currently?				
Do you require help with bathing or showering?	Yes		No	
If yes, how it this done currently?				
Do you require assistance getting dressed and undressed?	Yes		No	
If yes, how it this done currently?				
Do you require assistance with cutting toenails?	Yes		No	
If yes, how it this done currently?				
Do you require any other assistance with personal care? eg washing hair, cleaning teeth or dentures, giving you medication etc If so, please state who currently does this for you.				
Section 7 - Dietary				
Do you need reminding to eat and drink?	Yes		No	
Can you cook?	Yes		No	

Can you safely use the oven?	Yes		No	
Can you safely use the grill?	Yes		No	
Do you understand food hygiene and how to prepare food safely?	Yes		No	
Do you eat healthily?	Yes		No	
Do you do your own cooking?	Yes		No	
If no, how is this done currently?				
Are you on a special diet?	Yes		No	
If so, please state why.				
Section 8 – General living skills				
Do you do your own shopping?	Yes		No	
If no, how is this done currently?				
Can you go out alone?	Yes		No	
If no, how is this done currently?				
Can you use public transport alone?	Yes		No	
If no, how is this done currently?				
Do you pay bills independently?	Yes		No	
If no, how is this done currently?				
Do you require any other assistance with general living skills? eg attending appointments, completing forms, reading your mail, etc. If so, please state who currently does this for you.				
Section 9 – Budgeting skills				
Please state what benefits you are currently receiving:				
Do you run often out of money before the end of the week/month?	Yes		No	
Do you need help managing your bills?	Yes		No	
If so, please state how:				
Do you have outstanding debts?	Yes		No	
If so, please detail				
Section 10 – Cultural and faith needs				
Do you follow a specific religion?	Yes		No	

If yes, please state the religion and preferred place of worship:			
Section 11 – Risk Assessment - Anything stated is fully confidential			
Have you had an accident in your home in the last six months?	Yes		No
If you have, please state how:			
Have you been admitted into hospital in the last six months?	Yes		No
If you have, please state what you were admitted for:			
Do you fall, trip or stumble in your home at least once a week?	Yes		No
Do you ever take too much medication?	Yes		No
Do you ever forget to take your medication?	Yes		No
Do you or have you ever used non-prescription or illegal drugs?	Yes		No
If yes, please give details			
Do you/have you ever hurt yourself on purpose?	Yes		No
If you have, and you feel comfortable telling us please explain how:			
Do you feel threatened by or frightened of anyone?	Yes		No
If you are, please explain who and how they threaten or frighten you:			
Do people pressurise you into doing things you do not want to do?	Yes		No
If yes, please explain who and how they have done this:			
Has anyone ever stolen something from you or taken your money?	Yes		No
If they have, can you			
Have you ever had thoughts of harming another person or actually harmed others?	Yes		No
If you have, can you please state when and how you were aggressive?			

Have you ever committed a criminal offence?	Yes		No	
If you have, please state when and what:				
Do you have any outstanding court appearances?	Yes		No	
If yes, when are they scheduled for?				
Have you ever damaged your own or someone else's belongings on purpose?	Yes		No	
If yes, please state how:				
How much alcohol do you drink a week?				
Do you receive any help with drinking problems?	Yes		No	
If yes, please state how				
Would you be happy for a council employee to come in to your home?	Yes		No	
Section 12 - Supporting information				
Please use this space to give any other comments about your application for Sheltered Housing. This can include details of any other types of support you feel you might need.				

Declaration & Consent

I confirm that:

- a) The information given on this form is to the best of my knowledge true and correct. I know I may lose any accommodation offered and could face prosecution if I have knowingly given false or misleading information.
- b) I agree that the information given on this form may be made available, in confidence, to any relevant individuals or organisations in order that they may be able to assist with this application.
- c) In order to fully understand and appreciate your situation, it would be helpful to discuss your needs and capabilities with other agencies and people who know you. Castle Point Borough Council will ask for information relating to your housing situation and your support needs. It may also be necessary to share information, so that we can ensure that you receive the best quality support available if housed by Castle Point Borough Council.
- d) The General Data Protection Regulations came into force on 25 May 2018. These regulations set out what to expect when Castle Point Borough Council (CPBC) collects personal information on you. If you would like further details they are set out in Privacy Notices on our website at www.castlepoint.gov.uk/info-governance Alternatively hard copies are available within CPBC offices.

Signed (main applicant)		Date	
Signed (joint applicant)		Date	

How to return form & documents:

- The Kiln Road office is open for **pre-booked appointments only**, if you wish to return your documents in person this can be arranged on a case by case basis by phoning us on 01268 882330.
- Documents can also be posted to our above address or hand delivered to our mail box.
- Documents can be uploaded to our home choice website. Please visit our website www.castlepointhomechoice.org.uk . You can login using your HR reference number and memorable date.
- Documents can be emailed to housingadvice@castlepoint.gov.uk