castlepoint
benfleet | canvey | hadleigh | thundersley

Application For Assessing The Need For Sheltered Accommodation

Name of Applicant: Mr / Mrs / Miss / Ms		D.O.B.
Joint Applicant: Mr / Mrs / Miss / Ms		D.O.B.
Address: Postcode:	Telephone No: Mobile No: National Insurance Number:	

Details of Next of Kin:

Name:	Address:	Home:
Relationship to Applicant:		Work:
		Mobile:
	Postcode:	Preferred Method of Contact: Home ☐ Work ☐ Mobile ☐

Doctors Details:

Name:	Surgery:	Telephone No:
Known Medical Conditions	Medication:	Disabilities:
Pendant Wearer: Yes ☐ No ☐	Housebound: Yes ☐ No ☐	Other comments:

Support Services

Social Worker:	Office location:	Telephone no:
Support Worker:	Office location:	Telephone no:
CPN:	Office location:	Telephone no:
Home Help Yes ☐ No ☐ **M T W T F S S**	Name: Help given:	Telephone no:
Meal Service Yes ☐ No ☐ **M T W T F S S**	Name:	Telephone no:

Please use this space to state other support services used, giving telephone contact numbers and the names of the people that support you: eg cleaners/gardeners/chiropodists/visiting hairdressers etc.

	Telephone no
	Telephone no
	Telephone no
	Telephone no
	Telephone no

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

Family and Social Contacts

Do you have friends living locally? Yes ☐ No☐	Do you have family living locally? Yes ☐ No☐
Do your friends and family help you to live independently? Yes ☐ No☐ If you do, receive help please state how:	Do you have difficulties maintaining relationships? Yes ☐ No☐ If you do, please state how:

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? N/A ☐ 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:

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.

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 ☐
Can you safely use the hob? Yes ☐ No ☐	Can you use the microwave? Yes ☐ No ☐
Do you understand food hygiene and how to prepare food safely? Yes ☐ No ☐	Do you eat healthily? Yes ☐ No ☐
Are you on a special diet? Yes ☐ No ☐ If so, please state why.	Do you do your own cooking? Yes ☐ No ☐ If no, how is this done currently?

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 do you travel at the moment?	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.

Budgeting Skills

Please state what benefits you are currently receiving:

Do you run often out of money before the end of the week?
Yes ☐ No ☐

Do you have outstanding debts?
Yes ☐ No ☐

Do you need help managing your bills?

Yes ☐ No ☐
If so, please state how:

Aids and Adaptation In The Home

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

Social and Leisure Interests

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:

Day to Day Contact

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.

Cultural and Faith Needs

Do you follow a specific religion? Yes ☐ No ☐	If you are housed by us, would you like us to find out about a local place of collective worship appropriate to your religion? Yes ☐ No ☐
If yes, please state the religion and preferred place of worship:	

Risk Assessment

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 in to 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 ☐ please state what	
Anything stated is fully confidential	
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

	please explain how?
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 ☐	
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? If yes please state how and who assists:	
Do you have a dentist? Yes ☐ No ☐ If yes, how often do you see them?	Do you have an optician? Yes ☐ No ☐ If yes, how often do you see them?
Would you be happy for a council employee to come in to your home? Yes ☐ No ☐ All council staff have identification and will show it on request	

General Comments

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.

Sharing Information Authorisation Form

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.

Name:

Address:

Postcode:

I fully understand the above statement and authorise Castle Point Borough Council to contact other people or agencies in order to provide any further information, which may be required in connection with my application or housing needs.

Signed…… Date:

Castle Point Borough Council, will contact you to advise you of the decision made by the Applications Officer regarding your eligibility for sheltered accommodation. 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 Applications and Tenancy Services 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.

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Eligibility for sheltered accommodation Yes ☐ No ☐

Reasons for Decision:

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Date of decision _____

Name of Officer _____

Signed _____