



Housing with Care for Older People

**CHS Group Housing with Care
schemes in Cambridgeshire**

Application Form



Dunstan Court
Wulfstan Way, Cambridge CB1 8QD

01223 241330



Moorlands Court
The Moor, Melbourn, Royston SG8 6FH

01763 260564



Richard Newcombe Court
Histon Road, Cambridge CB4 3EY

01223 352135

Once completed please return this form either by post to: -

Donna Turner, Dunstan Court, Cambridge CB1 8QD

or email to: - HWCPanel@chsgroup.org.uk

Which Scheme are you applying for?		
Scheme name	1st Choice	2nd Choice
Dunstan Court, Cambridge		
Moorlands Court, Melbourn		
Richard Newcombe Court, Cambridge		
<p align="center">Who is eligible to apply?</p> <ul style="list-style-type: none"> • A local connection to Cambridge is required for Dunstan Court and Richard Newcombe Court • A local connection to South Cambridgeshire is required for Moorlands Court 		
<p align="center">Social Care Assessment</p> <p>If you do not have one already, you will need to arrange for a Social Care Assessment to be carried out by the local authority Social Services Department where you currently live. The assessment will then be submitted to the Housing with Care panel to determine if you qualify for this type of accommodation</p>		
<p align="center">How to request a Social Care Assessment</p> <ul style="list-style-type: none"> • If you currently live in Cambridgeshire you need to contact Cambridgeshire Community Services 0345 0455 202 		
<p>Please note applications cannot go forward without a social care assessment.</p>		

Who is applying?		
	1st Applicant	2nd Applicant (joint)
Title		
Surname		
First name		
Date of birth		
What is your sex?		
What gender do you identify with?		
National Insurance Number		
NHS Number		
Nationality		
Mobile Number		
Home Number		
Email		

Who is completing this form? If this application is being filled in on behalf of the applicant by someone else, please enter your details below	
Name	
Relationship to applicant	
Address	
Mobile number	
Email	
Consent/permission given to act on behalf of the applicant?	
Section 1 - Housing	

Where do you currently live?		
	1st Applicant	2nd Applicant
House number		
Street		
Town		
County		
Post code		
When did you move into this address?		
Do you have any pets you would like to bring?		
Please note that you need CHS Group's permission to keep some types of pets, if you are offered a property your Housing Officer will advise you on this.		

Current living arrangements		
	1st Applicant	2nd Applicant
Living with family/friends?		

Homeowner? If you are, is this property on/going on the market?		
Renting from a private landlord? Please provide contact details for Landlord.		
Renting from Housing Association or Local Authority? Please provide contact details for the organisation & your Housing Officer.		

Your previous homes						
Please list all of your previous addresses and landlords for the last 3 years						
Applicant 1 or 2	Property Address	Owned/Private Rent/Social Rent/Other	Name & Address of landlord	Date from	Date to	Reason for leaving

General Information	Yes	No
In the last 2 years, have you been a victim of anti-social behaviour		
In the last 2 years, have you been accused of anti-social behaviour		
Do you have any unspent convictions imposed by the courts		
Is either applicant on the sex offenders register		
If YES, please provide further details		
We may need to obtain additional information from the Police or other relevant agency in order to assess your application		

Section 2 – Health and Support Needs

Do you have a medical condition, mental health issue or physical disability?			
	1st Applicant	2nd Applicant	Prefer not to say
Agoraphobia			
Arthritis			
Autism			
Bipolar			
Cardiovascular disease			
COPD/oxygen user			
Dementia			
Diabetes			
Drug/Alcohol problems			
Epileptic			
Fibromyalgia			
Hypertension			
High/Low blood pressure			
High cholesterol			
Learning Disability			
Mental Health			
Osteoporosis			
Schizophrenia			

Stroke			
Other			
Please tell us anything we need to know to help us provide you a good service			

Do you have any communication requirements?			
Audio		Braille	
BSL interpreter		Easy read	
ESL		Large print	
Interpreter required		Gestures/facial expressions	
Manual alphabet		Minicom	
Moon		Pictures/Symbols/ Makaton	
If YES, please tell us who it affects and anything we need to know to provide you a good service			
Do you need any special equipment, aids or adaptations to live in your new home?			
	Yes	No	Prefer not to say
Shower chair			
Gantry fixed hoist			
Grab rails			
Specialist toilet			
Emergency awareness e.g. fire alarm light/ vibrating cushion			
If YES, please tell us who it affects and anything we need to know to provide you a good service			

Please give the name, email address and phone number of any professional who is or will be providing you with support/treatment in relation to your health, disability or support needs

GP

Specialist Nurse

Occupational Therapist

Mental Health Worker

Social Worker

Other

Please provide details of current package of care

Number of hours a week –

Care provider name & address –

Details of the service they provide -

Do you need the support of other people, such as friends or family? If YES, please provide details –

How is your package of care funded?

Privately		Direct Payment		Local Authority	
Date of last care review?					
If there is not a care package in place, do you require care?			Yes	No	

Please tell us why you want to move to Housing with Care

Safety, Security & Reassurance		Health & Wellbeing	
Maximise Independence		Access to Care & Support	
Live amongst like-minded people		Loneliness/ Isolation	
Other (please specify)			

Section 3 - Finances

	Yes	No
Does your income (pensions, benefits etc) get paid into a bank account that allows you to set up Direct Debits for your bill payments		
Do you have funds to pay for your move and related costs		
Do you have the essential household goods & furniture for your new home		
Do you have any commitments such as debts to previous landlord, Council Tax, credit cards or loans?		
If you have benefit income, do you have any deductions from benefit for direct payments? For example, Social Fund Loan/Water/Council Tax arrears.		
Would you be interested in receiving advice from our Money Matters Team?		

Income	Amount	Weekly	Monthly
State Pension			
Occupational Pension			
Universal Credit – Housing Costs			
Universal Credit – Carer			
Universal Credit – Limited capacity for work			
Income Support			
Incapacity Benefit			
DLA care			

DLA mobility			
Personal Independence Payment			
Attendance Allowance			
Carers Allowance			
Other			
Total			

Section 4 - Declarations

	Yes	No
Do you work or have you worked for CHS Group		
Are you related to someone who works/has worked for CHS Group		
Are you or have you been a CHS Group Board Member		
Are you a relative of a current or previous CHS Group Board Member		
If you have answered YES to any of these questions, please give details		

Section 5 – Customer Questionnaire

We would like to know more about you and any partner you may have. We will use this information to help us make sure that we treat all of our customers fairly, and to develop services that meet your needs. Some of the information you give us will also be used for statistical and monitoring purposes. If you do not wish to complete any section of the questionnaire you are free to leave it blank. Please refer to CHS Group's Privacy Notice for more information on how we handle this data 6.1 It would help us to ensure that our equality and diversity policy is carried out if you would answer this question about ethnic origin. It will not

affect your application. Please tick the box that best describes your ethnic origin. Please also tick one box for all other people to be housed. These numbers relate to those in Question 1.

Ethnicity	Applicant 1	Applicant 2
India		
Pakistani		
Bangladeshi		
Chinese		
Other Asian		
British White		
Irish White		
Irish Traveller		
Roma Gypsy		
Other White		
White & Black Caribbean		
White & Black African		
White & Asian		
Other Mixed		
Caribbean		
African		
Other Black		
Other Ethnic Group		
Prefer not to say		

Must be signed by you and joint applicant

If I apply for housing with another social landlord in future, I understand that CHS Group may be asked to give a reference about any tenancy I have held with them. I am aware that the reference would include details of rent payments and any breaches of the tenancy agreement, including anti-social behaviour. I agree that CHS group can share such information with other social landlords for this purpose.

I agree to CHS approaching other relevant third parties (e.g. landlords, employers, G.P. Social Worker, Occupational Therapist, other care providers etc.) regarding my application and give my permission for those third parties to share relevant personal information with the CHS Group for the purposes of determining my application for housing.

DATA PROTECTION STATEMENT

In order to assess your housing application and help us deliver efficient services, we need to collect relevant personal information. We comply with data protection legislation when collating and managing personal data. This means that your personal data will be processed in accordance with the law and will be kept safe and secure and for no longer than is necessary.

If you have any questions or queries regarding data protection, please e-mail dataprotection@chsgroup.org.uk.

You can see CHS Group's Privacy Notice in full at the CHS Group website www.chsgroup.org.uk.

You are advised that in order to assist in the prevention and detection of fraud your personal information may be used for the purpose of data matching by the CHS Group and other public bodies under the National Fraud Initiative. We may also use it for prevention and detection of fraud.

By signing this form, you are consenting to CHS processing your personal data.		
	Signature	Date
1st Applicant		
2nd Applicant		

Can you please provide 2 types of ID, chosen from the list provided.		
	1st Applicant	2nd Applicant
Passport		
Full Birth Certificate		
Driving Licence		
Benefits Paperwork		
National Identity Card		
Letter in your name by Government Dep or Local Authority dated in the last 3 months		
Household/ utility bill in your name dated in the last 3 months		