

# Housing with Care Application Form



**Dunstan Court, Cambridge**



**Richard Newcombe Court, Cambridge**



**Moorlands Court, Melbourn, Royston**

## Which scheme are you applying for?

Please tick to tell us which scheme/s you wish to apply for, you can apply for more than one scheme. If you apply for more than one scheme, please also tick to show us which would be your first choice.

Scheme Name	Apply For	1 <sup>st</sup> Choice
Dunstan Court, Cambridge		
Moorlands Court, Melbourn		
Richard Newcombe Court, Cambridge		

**Personal details**

You			Joint applicant				
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Other (please state)			<input style="width: 100%;" type="text"/>	Other (please state)			<input style="width: 100%;" type="text"/>
Surname			<input style="width: 100%;" type="text"/>	Surname			<input style="width: 100%;" type="text"/>
First name			<input style="width: 100%;" type="text"/>	First name			<input style="width: 100%;" type="text"/>
Middle name			<input style="width: 100%;" type="text"/>	Middle name			<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Male	<input type="checkbox"/> Female			<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Date of birth			<input style="width: 100%;" type="text"/>	Date of birth			<input style="width: 100%;" type="text"/>
National Insurance No:							
Applicant			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address			<input style="width: 100%; height: 60px;" type="text"/>				
Postcode							
Phone Nos:			Home <input style="width: 100%;" type="text"/>				
			Mobile <input style="width: 100%;" type="text"/>				
Current Address if different from above i.e. temporary			<input style="width: 100%; height: 60px;" type="text"/>				
GP's Name			<input style="width: 100%;" type="text"/>				
Address			<input style="width: 100%; height: 60px;" type="text"/>				
Postcode			<input style="width: 100%;" type="text"/>				
Phone No			<input style="width: 100%;" type="text"/>				
			Postcode <input style="width: 100%;" type="text"/>				

**About your General Health**

Please tell us about your general health and about any conditions which affect your ability to cope at home.

Have you been treated in hospital in the last 12 months? Yes  No

If yes, please give details:

Do you need any special features in the home you move to, such as wheelchair, walking frame, hospital bed etc.? Yes  No

If yes, please give details:

Please tell us about any aids and equipment you currently use in your home such as wheelchair, walking frame, hospital bed etc.

**About your support needs**

Do you need the support of other people, such as family, friends, paid carers or others, to enable you to manage daily living at home? Yes  No

If yes, please give details:

Please use the table below to tell us who currently provides your support and how often.

*For example, if your partner or a relative provides you with support 3 times a day for very day, write '3' in the box for each day of the week opposite 'Your partner or a relative'.*

Person Providing Support	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Your partner or relative							
A friend or neighbour							
Home Care Assistant							
Community Nurse							
Community Psychiatric Nurse							
Lunch Club							
Meals on wheels							
Day Centre or Hospital							
Voluntary service							
Social Worker							
Other – please give details:							

Do you have a Social Worker or Care Co-Ordinator Yes  No

If Yes, please give name and address

We would like to discuss your support needs, in confidence, with our staff, Social Services and yourself, to ensure that we know what your needs are. Please say if you would be happy for us to do this:

Yes  No

We would not discuss your needs with other people and organisations unless you give us your permission.

### **About you and How You Live Now**

Please tell us about yourself and how you live now, in your present situation.

Tell us in general terms, about:

- Your contacts with neighbours, friends and relatives – your daily home life
- Visits to local clubs and societies and other activities – your social life
- What you think about the area where you live, and how you feel about living there.
- 

Tell us about why you want to move to Extra Care Housing

Tell us about any family and friends who live near you now, and what support they provide for you

What support would your family and friends **continue to provide** if you move to extra care housing?

Please tell us the names of people who will provide support in an emergency

<b>Name</b>	<b>Address</b>	<b>Relationship to you</b>	<b>Daytime Phone No.</b>	<b>Night-time Phone No.</b>

**Permission to keep pets will need to be sought from individual extra care schemes**

Do you have any pets

Yes

No

If yes, please give details:

**Connections to CHS Group or CCC**

Do you work for CHS Group or CCC?

Yes

No

Are you related to someone who works for CHS Group or CCC?

Yes

No

Are you a Board Member or CHS Group or related to any Board Members?

Yes

No

Are you related to a CCC Councillor?

Yes

No

If you answered YES to any of the above questions, please give further details:

**Other Information**

Please tell us anything else that you think we should know about in connection with your application for extra care housing:

**Financial Information**

Details of any owned property

--

Anticipated funding (circle as appropriate)

**Self Funding/Social Services**

Do you require any advice from our Money Matters team?

**Yes/No****Professional Referral on behalf of an Applicant**

If you are making a referral for extra care housing on behalf of the Applicants, please complete this section:

**Contact Details**

Please tell us anything else that you think we should know about in connection with your application for extra care housing:

Your Name		Job Title	
Relationship to Applicant		Phone No: Work	
Organisation Name		Phone No: Mobile	
Organisation Address			

**Declaration by the Applicant**

The information in this application is correct to the best of my knowledge and belief, and I will inform CHS, Anchor or CCC if any information changes. I understand that if I knowingly give false or misleading information, I may lose any housing offered to me. I understand that it is the policy of CHS, Anchor and CCC to seek the eviction of any person who gives false information in order to obtain a tenancy. I give my permission for CHS, Anchor or CCC to request information from current and previous landlords about me.

**Statement by CHS and CCC about Data Protection**

We need to collect relevant personal information about applicants in order to assess housing applications, and to help us deliver efficient and effective services. We comply with the Data Protection Act 1998 when we deal with personal information, which means that your personal information will be used in accordance with the law and will be kept safe and secure.

Please note that we may share your personal information with relevant departments within CHS, Anchor or CCC; sometimes we collect personal data for a particular service, and need to use it to give you another service. We may also use it for the prevention and detection of fraud. We will not share your information with other organisations or persons without your permission, unless the law requires us to do so.

By signing this form you are consenting to CHS, Anchor or CCC processing your personal data.

<b>Signed 1<sup>st</sup> Applicant</b>	<input style="width: 80%;" type="text"/>	<b>Date</b>	<input style="width: 80%;" type="text"/>	<b>Signed 2<sup>nd</sup> Applicant</b>	<input style="width: 80%;" type="text"/>	<b>Date</b>	<input style="width: 80%;" type="text"/>
--	--	-------------	--	--	--	-------------	--

## **Privacy Notice**

CHS Groups' privacy notice can be found on our website [www.chsgroup.org.uk](http://www.chsgroup.org.uk). There will also be a copy on display on the scheme's noticeboard. If you require a full copy of this privacy notice please contact our Extra Care Services Manager on [denise.taylor@chsgroup.org.uk](mailto:denise.taylor@chsgroup.org.uk)

## **Who is Eligible to apply?**

Extra Care Housing has been specially designed for older people who meet the following criteria:

- Aged over sixty five.
- Who have a recognised care need and an assessment from the Local Authority.
- A local connection to Cambridge is required to be eligible to apply for Dunstan Court, Richard Newcombe Court or Willowbank.
- Applicants to Moorlands Court in Melbourn will require a local connection to South Cambridgeshire.

## **Social Care Assessment**

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. This assessment is required to determine the level of care that you need and that you qualify for extra care housing.

## **How to request a Social Care Assessment**

- If you currently live in Cambridgeshire you need to contact Cambridgeshire Community Services ☎ 0345 0455 202.
- Request that one of their Care Managers completes a 'Social Care Assessment' as you have applied for Extra Care Housing.

**Please note applications cannot go forward without a Social Care Assessment.**

**Once complete please return this form by post to Denise Taylor, Extra Care Manager, Moorlands Court, The Moor, Melbourn SG8 6FH or email [denise.taylor@chsgroup.org.uk](mailto:denise.taylor@chsgroup.org.uk)**