

# Housing *with* Care

## APPLICATION FORM



**DUNSTAN COURT**  
Cambridge – 01223 241330



**RICHARD NEWCOMBE COURT**  
Cambridge – 01223 352135



**MOORLANDS COURT**  
Melbourn, Royston – 01763 260564

**Rented Accommodation with the luxury  
of On-site Care and Support**

[www.chsgroup.org.uk](http://www.chsgroup.org.uk)

## CHS Rented Accommodation with On-site Care and Support Application Form

### 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 (Please tick <input checked="" type="checkbox"/> as appropriate)	1st Choice	2nd Choice
Dunstan Court, Cambridge	<input type="checkbox"/>	<input type="checkbox"/>
Moorlands Court, Melbourn	<input type="checkbox"/>	<input type="checkbox"/>
Richard Newcombe Court, Cambridge	<input type="checkbox"/>	<input type="checkbox"/>

### Waiting list application - Housing with Care

#### Applicant/s personal details

##### You: 1st Applicant

Title: MR  MRS  MS  MISS

Other (please state): \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_ / \_\_\_ /19 \_\_\_

National Insurance Number:

1st Applicant:

Home Address:

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone Numbers:

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

##### Joint application: 2nd Applicant

Title: MR  MRS  MS  MISS

Other (please state): \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_ / \_\_\_ /19 \_\_\_

National Insurance Number:

2nd Applicant:

Address (if different from main applicant):

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

## Applicant/s personal details continued

### You: 1st Applicant

Current Address: *If different from page 1 i.e. temporary:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

### Name of your Doctor/Practice:

Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Joint application: 2nd Applicant

Address: *If different from page 1 i.e. temporary:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

### Name of your Doctor/Practice:

Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## 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 every 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:	<hr/> <hr/>						

## Social Care Support

Do you have a Social Worker or Care Co-Ordinator

Yes

No

If yes, please give details:

---

---

---

---

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 Housing with Care:

---

---

---

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 Housing with Care?

---

---

---

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

Name	Address	Relationship to you	Telephone Number	
			Daytime	Night-time

Permission to keep pets will need to be sought from individual Housing with Care schemes

Do you have any pets Yes  No

If yes, please give details: \_\_\_\_\_

### Connections to CHS Group

Do you work for CHS Group? Yes  No

Are you related to someone who works for CHS Group? Yes  No

Are you a Board Member of CHS Group or related to any Board Members? 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 Housing with Care:

---

---

---

## Financial Information

Details of any owned property: \_\_\_\_\_

**Anticipated funding** (please tick ✓ as relevant)      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 **Housing with Care** 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 Housing with Care:

Your name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Tel Work: \_\_\_\_\_

Organisation name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Organisation address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## Declaration by the applicant

The information in this application is correct to the best of my knowledge and belief, and I will inform CHS 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 to seek the eviction of any person who gives false information in order to obtain a tenancy. I give my permission for CHS to request information from current and previous landlords about me.

## Statement by CHS 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, 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 processing your personal data.**

## Signature

**You: 1st Applicant**

**Joint application: 2nd Applicant**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 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?

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

- Aged over sixty five.
- Who have a recognised care need and a social care assessment from the Local Authority.
- A local connection to Cambridge is required to be eligible to apply for Dunstan Court or Richard Newcombe Court.
- 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 social care assessment is required to determine the level of care that you need and that you qualify for Housing with Care.

## 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 Housing with Care.

**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)**