



# CHS Group Care Home Residency Application Form

**Applicants personal details**

1. **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ MR/MRS/MS/MISS

2. **Address:** \_\_\_\_\_

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

3. **Telephone number:**

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

4. **Current address** (If different to above): \_\_\_\_\_

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

5. **Marital status:** Single / Married / Civil Partnership / Widowed / Divorced / Separated

6. **Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / 19 \_\_\_\_\_

7. **Next of Kin:** – Please give name, address and relationship

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

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

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

Telephone Number – Landline: \_\_\_\_\_ Mob: \_\_\_\_\_

E-mail address: \_\_\_\_\_

8. **Name of your Doctor/Practice:**

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

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

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

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

**9. Do you have a Social Worker or Care Co-ordinator?**

Please tick ✓ appropriate box  YES  NO

Please give their name and address if possible

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

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

\_\_\_\_\_

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

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

**10. Please describe clearly your present state of health mentioning any recent illness or periods in hospital:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Do you, at present, require support from others with your daily life?**

Please tick ✓ appropriate box  YES  NO

**12. Do you receive help and support from any of the following?**

Please tick ✓ appropriate box  YES  NO

	YES		YES
Relative/Spouse	<input type="checkbox"/>	Friend/Neighbour	<input type="checkbox"/>
Community Care Assistant	<input type="checkbox"/>	Luncheon Club	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>	Day Centre	<input type="checkbox"/>
Day Hospital	<input type="checkbox"/>	Community Laundry	<input type="checkbox"/>
Voluntary Services	<input type="checkbox"/>		

**13. Please describe how you see your position/problems, and the reasons for needing to move from current accommodation into a residential care home:**

---

---

---

---

**14. Do you own or jointly own your present home?**

Please tick ✓ appropriate box  YES  NO

**15. If you do not own your present house or flat, please give the name and address of your landlord:**

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

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

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

**16. Financial Information:**

Does the applicant deal with their own financial affairs?

Please tick ✓ appropriate box  YES  NO

**If no, representative who presently advises or helps with finances**

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

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

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

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

**Is a Power of Attorney in place to support the above representative**

Please tick ✓ appropriate box  YES  NO

**Any information provided will be treated in confidence  
and will not affect your application in any way.**

Please indicate how charges will be met?

Funding:  Self  Local Authority  Other

If Local Authority, has funding been approved?

Yes  No  Pending

Amount: £ \_\_\_\_\_ Date: \_\_\_\_\_

Name of Social Worker / Team: \_\_\_\_\_

**a) Property Assets**

Please give details of any property owned: \_\_\_\_\_

**b) Capital , Savings and Investments**

**Amount**

Post Office Savings Bank £ \_\_\_\_\_

Bank £ \_\_\_\_\_

Building Society £ \_\_\_\_\_

Other Savings - bonds, shares, premium bonds ISA's etc. £ \_\_\_\_\_

**Income**

**Amount**

State Pension £ \_\_\_\_\_ per week

Pension Credit £ \_\_\_\_\_ per week

Attendance Allowance Higher/Lower £ \_\_\_\_\_ per week

Other Pensions - net of Income tax. Occupation etc £ \_\_\_\_\_ per week

Trust Funds - net of Income tax £ \_\_\_\_\_ per week

Please give your total actual weekly income £ \_\_\_\_\_

Have you recently applied for any benefits which you are not yet receiving?

Please tick ✓ appropriate box  YES  NO

If yes ✓ , please state which benefits: \_\_\_\_\_

\_\_\_\_\_

**CHS GROUP IS AN EQUAL OPPORTUNITIES EMPLOYER**

It would help us to ensure that our Equality and Diversity strategy is working if you would tick the appropriate spaces below. There is, however, no obligation to answer this question.

**How would you describe your ethnic origin?** Please tick  appropriate box

**Asian or Asian British:**

- Indian
- Pakistani
- Bangladeshi
- Other Asian

**White:**

- British White
- Irish White
- Irish Traveller
- Roma Gypsy
- Other White

**Mixed:**

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed

**Black or Black British:**

- Caribbean
- African
- Other Black

**Chinese or Other Ethnic Group:**

- Chinese
- Other Ethnic Group

---

- Refused

**How did you hear about us** – please tick  relevant method

- |                          |                          |                       |                          |
|--------------------------|--------------------------|-----------------------|--------------------------|
| Through Hospital/Doctors | <input type="checkbox"/> | Independent Living in | <input type="checkbox"/> |
| Personal Recommendation  | <input type="checkbox"/> | Cambridgeshire Guide  | <input type="checkbox"/> |
| Carehomes.co.uk          | <input type="checkbox"/> | CHS Website           | <input type="checkbox"/> |
| Local Authority          | <input type="checkbox"/> | Advert                | <input type="checkbox"/> |

**Do you have a Relationship with** – Staff/Committee/Board of CHS Group

**If you are an employee, committee member or close relative of an employee or committee member, you must declare this:** (please tick  as relevant)

Do you work/have you worked for CHS Group (Formerly Cambridge Housing Society Ltd)? YES  No

Are you a relative of someone who works for/has worked for CHS Group YES  No

Are you/have you been a Committee/Board Member YES  No

Are you a relative of a current/previous Committee/Board Member YES  No

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

## DATA PROTECTION STATEMENT

In order to assess your 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 email [dataprotection@chsgroup.org.uk](mailto:dataprotection@chsgroup.org.uk)

You can see CHS Group’s Privacy Notice in full at the CHS Group website [www.chsgroup.org.uk](http://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: \_\_\_\_\_

### Office use only

Money Matters Advice required? YES  No

Appointment required? YES  No

Property Disregard appointment required ? YES  No

If **NO** follow up appointment within 2- 3 months required on: Date: \_\_\_\_\_

# CHS Group Care Home Residency Application Form

