



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:	
<b>Details of Next of Kin:</b>		
Name:	Address:	Home:
Relationship to Applicant:		Work:
	Postcode:	Mobile:
		Preferred Method of Contact: Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>
<b>Doctors Details:</b>		
Name:	Surgery:	Telephone No:
Known Medical Conditions	Medication:	Disabilities:
Pendant Wearer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Housebound: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other comments:

## Support Services

Social Worker:	Office location:	Telephone no:
Support Worker:	Office location:	Telephone no:
CPN:	Office location:	Telephone no:
Home Help    Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Telephone no:
<b>M T W T F S S</b>	Help given:	
Meal Service    Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Telephone no:
<b>M T W T F S S</b>		

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/chiropractors/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 <input type="checkbox"/> No <input type="checkbox"/>	Do you have family living locally? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your friends and family help you to live independently? Yes <input type="checkbox"/> No <input type="checkbox"/> If you do, receive help please state how:	Do you have difficulties maintaining relationships? Yes <input type="checkbox"/> No <input type="checkbox"/> If you do, please state how:

## Mobility Around The Home

Do you require assistance to walk? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, how is this done currently?
Do you require assistance to get in/out of bed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how is this done currently?	Do you require assistance using the stairs? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

<p>Do you require assistance to use the toilet?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how it this done currently?</p>	<p>Do you require help with bathing or showering?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how it this done currently?</p>
<p>Do you require assistance getting dressed and undressed?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how it this done currently?</p>	<p>Do you require assistance with cutting toenails?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how it this done currently?</p>
<p>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.</p>	

## Dietary

<p>Do you need reminding to eat and drink?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Can you cook?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Can you safely use the oven? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Can you safely use the grill? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Can you safely use the hob? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Can you use the microwave? Yes <input type="checkbox"/>                  No <input type="checkbox"/></p>
<p>Do you understand food hygiene and how to prepare food safely?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do you eat healthily?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you on a special diet? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, please state why.</p>	<p>Do you do your own cooking? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how is this done currently?</p>

## General Living Skills

<p>Do you do your own shopping?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how is this done currently?</p>	<p>Can you go out alone? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how is this done currently?</p>
<p>Can you use public transport alone?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how do you travel at the moment?</p>	<p>Do you pay bills independently? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no. how is this done currently?</p>

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 need help  
managing your bills?

Do you have outstanding debts?  
Yes  No

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?
<p>Have you ever had thoughts of harming another person or actually harmed others? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have, can you please state when and how you were aggressive?</p>	<p>Have you ever committed a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have, please state when and what:</p>
Do you have any outstanding court appearances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Have you ever damaged your own or someone else's belongings on purpose? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state how:</p>	
How much alcohol do you drink a week?	
Do you receive any help with drinking problems? If yes please state how and who assists:	
<p>Do you have a dentist? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how often do you see them?</p>	<p>Do you have an optician? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how often do you see them?</p>
Would you be happy for a council employee to come in to your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
All council staff have identification and will show it on request	
<b>General Comments</b>	
<p>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.</p>	

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.

