



APPLICATION FORM FOR RESIDENCE OR SHORT STAY

Please list houses in order of preference. Please state house name and address.

1

2

3

4

What type of residency are you applying for?

| | | |
|------------|------|----|
| Permanent | From | |
| Short Stay | From | To |
| Respite | From | To |

1. Personal Details

Surname Mr/Mrs/Miss/Ms/Title

First Name(s)

Current Address

Telephone number

Other Contact Number

Email address

Date of Birth

N.I Number/Proof of ID

2. Present Housing Conditions

Please describe your present home in terms of:

| | | | |
|------------------------------|------|--------|------|
| Security | good | medium | poor |
| Warmth and comfort | good | medium | poor |
| Basic amenities | good | medium | poor |
| Ease of moving around/access | good | medium | poor |
| State of repair/decoration | good | medium | poor |

How are you coping at home?

Do you manage the following on your own?

| | | |
|----------------------|-----|----|
| Cleaning | Yes | No |
| Gardening | Yes | No |
| Household tasks | Yes | No |
| Preparing meals, etc | Yes | No |

Is there anything else you want us to know about living in your present home?

3. Support and Help

Do you receive any help in your current home such as a Home Help, Meals on Wheels, Visiting Carers, etc.

Yes No

If yes, please give details of the help you currently receive.

Do you receive any personal or nursing care? This may include things like helping you to wash, dress, take medication etc?

Yes No

If yes, please give details of the personal/nursing care you currently receive:

Abbeyfield can help to arrange for new and continuing support should that be helpful for you when you are living in an Abbeyfield house. Are there other services you would like to receive?

Please tell us how you feel you would benefit by moving into an Abbeyfield House?

Is there anything else you want us to know about the support that you might need?

4. Social Contact

Do you have regular social contact? This may be with family, friends and neighbours.

Yes No

Do they help you with anything?

Yes No

If the answer is yes, please describe how they help you.

Does where you live make it difficult for you to enjoy social contact and/or pursue your interests (leisure/cultural/spiritual etc)

Yes No

Is there any other information you would like us to know?

5. Current accommodation status

| | | |
|--------------------------------------|-----|----|
| Do you have security of tenure? | Yes | No |
| Is there any threat of homelessness? | Yes | No |
| Is your home safe and secure? | Yes | No |

Is there any other information you want us to know about in relation to the above?

6. Other Information about you

It is useful to have as much appropriate information as possible with regard to your application.

| | | |
|---------------|-----|----|
| Do you smoke? | Yes | No |
|---------------|-----|----|

Please note: the answer to this question will not affect your application in any way. All our houses have a no-smoking policy which applies to the communal areas.

Do you have any special dietary requirements including food allergies?

Yes No

If yes, please give details below.

Do you suffer from any other allergies?

Yes No

If yes, please give details below.

Do you need assistance with your mobility? (e.g. walking stick, Zimmer frame, motorised scooter)

Yes No

7. Do you have any criminal convictions spent or current?

Yes No

Disclosure of a criminal conviction will not automatically exclude you from being considered for Abbeyfield accommodation. The details will be treated within our commitment to confidentiality and used only to consider whether we can meet your needs and any potential impact on other residents in accordance with our duty of care. Failure to disclose any conviction will lead to an ending of our consideration of your application or an immediate ending of your tenancy.

If you do have a criminal conviction please provide details:

8. The charge for the accommodation is made up of rent, service and support charges. The 2018-19 charges are

| | |
|------------------------------------|---|
| The Old House: £1567.24 - £1739.16 | <i>Please enter the band for the house you are most interested in</i> |
| Mulgrave Road: £1627.42 - £1687.60 | |
| Purley Knoll: £1477.46 - £1624.58 | |
| York Road: £1564.41 - £1667.20 | |

The Charge varies dependent on the room from to payable monthly in advance on the 1st of the month.

Please tell us if you are confident that you can meet this charge on a monthly basis:

Yes No Not sure

If your answer is no, not sure or you would simply like information about the benefits you may be entitled to please speak to us. This will enable us to provide that advice on a confidential basis to you.

9. How did you hear about Abbeyfield?

10. Is there any other information at all in relation to your application, that you want us to know about?

11. Your Next of Kin/Representative

At Abbeyfield we ask each resident to nominate a relative, next of kin or a representative who can give outside support and whom we can call on in an emergency. (This is not a condition of entry.)

Name, address and relationship to applicant

Name

Address

Relationship

12. Abbeyfield encourages residents to organise a Lasting Power of Attorney (LPA) or Enduring Power of Attorney (EPA) when they move into Abbeyfield. This is encouraged but is not a condition of entry.

Do you have an EPA? Yes No

PoA? Yes No

LPA Care? Yes No

LPA Finance? Yes No

If you have appointed someone as your Power of Attorney please give their name and address.

Name

Address

Relationship

13. Declaration and Signature

Please Note: It is an offence to give false information or to withhold information. This may result in your application being rejected or your tenancy with Abbeyfield being terminated (*Housing Act 1996, Section 102*).

I have read and understood the above and I declare that all the information given is correct.

Signed

Date

Print full name in capitals

Financial Assessment Statement *Strictly Confidential*

It is important to ensure that you are able to meet the cost of your housing rent and fees and the purpose of this assessment is to support you with this. If you are unable to meet your fees in full, you may be eligible for financial support from your local authority, which will involve an assessment of your needs by them. You may also be eligible for other benefits or financial support for care needs.

Applications are only processed when funding requirements are met.

Please complete the table below to the best of your ability. If you are unsure about anything please feel free to contact a member of our staff to seek assistance.

Name:

Date of Birth:

Marital Status:

Occupation (if retired, please give previous occupation and retirement date).

Do you have permanent residency in the UK? Yes No

How long have you lived in the United Kingdom?

Household Income:

| Income Source | Weekly/Monthly* amount £ |
|--|--------------------------|
| State Pension | |
| Private / Work Pension(s) | |
| Other Pension (Please name) | |
| Pension Credit | |
| Attendance Allowance / Disability Living Allowance | |
| Incapacity Benefit | |
| Other Benefit e.g. Universal Credit | |
| Housing Benefit | |
| Council Tax Benefit | |
| Other (Please name) | |
| Total Income | |

Do you currently own your home? Yes No

If yes, what is the approximate value of your home?

If you have an outstanding mortgage, how much is outstanding?

Do you own any other property in the UK or abroad? Yes No

Will your property be used to fund your housing fees as a source of

Rental Income Yes No

Capital (when sold) Yes No

If your application is successful, will your partner/family member/s continue to live in your home?

Yes No

Please estimate the value of your savings and investments. This may include bank/building society/post office accounts, ISAs, Shares, Premium Bonds.

Outgoings:

Does part of your income contribute towards the costs incurred by your spouse/partner?

Yes No

If yes, please state amount.

Please give details of other regular payments (excluding household bills) e.g. insurance premiums, charitable donations, subscriptions, etc.

Please give details of any loans, mortgages, or credit card payments (next page)

Please estimate the value of any outstanding debts that you have

Mortgage

Secured Loans

Unsecured Loans

Credit Cards

Total Outgoings:

What is the name of your Local Authority?

How long have you lived in the Borough?

Years

Who will be funding your placement with us if your application is successful?

Self-Funded Local Authority Other* (please name)

If your local authority is funding your housing costs please provide written confirmation of this. If anyone other than yourself or your local authority will be funding your placement (in full or part), they will be required to enter into a separate agreement to this effect.

Have you set up a Lasting Power of Attorney? Yes No

NB. Please feel free to contact a member of staff if you are worried about future housing costs. Staff may be able to advise you of help to which you may be entitled.

Declaration: [to be signed by applicant or legal representative]

I declare that the information given by me/on my behalf* is accurate and complete. I will not knowingly dispose of any significant part of my assets, which would reduce my ability to pay charges to Abbeyfield Southern Oaks for at least the next three years, as this may jeopardise my placement and/or eligibility for benefits or Local Authority funding.

Signature

Print Name

Date

*If signing on behalf of applicant please state relationship:

Equal Opportunities

We aim to provide fair and equal access to Abbeyfield services and we house people according to their needs. To help achieve this we keep records to show that we treat everyone fairly and your assistance will help us to do this. Please complete this page by ticking the box that most closely identifies your cultural background.

Please note that this information will not influence the outcome of your application in any way.

African

Asian

Black UK/European

Caribbean

Irish

Other/Mixed

Other

White UK/European

Prefer not to say

For Office Use only:

Applicant's needs: Score 1-10 [Low = 1, High = 10]

Current Housing:

- Condition/facilities
- Ability to manage household tasks
- Risk (homelessness)

Comment:

Support and Help:

- Receiving care or support
- In need of enhanced care and support

Comment:

Social:

- Family contact
- Bereavement
- Friends and neighbours

Comment:

Health:

- | | | |
|----------------------|-----|----|
| • GP report received | Yes | No |
| • Report endorsed by | | |
-

Finance:

| | | |
|--------------------------|-----|----|
| Evidence of Funding Seen | Yes | No |
|--------------------------|-----|----|

| | | |
|--|-----|----|
| Funding Approved Credit check required | Yes | No |
|--|-----|----|

Comment:

Agreed by:

Date:

| | | |
|-------------------------------|------------|-----------|
| Proceed to next stage. | Yes | No |
|-------------------------------|------------|-----------|