**APPLICATION FORM**

**Extra care services in Medway**

This application is to apply for extra care housing accommodation, which is apartment accommodation that provides an on-site care team to deliver care in accordance with each tenant’s individual care and support plan and to respond to emergencies. Priority for allocating accommodation will be given to those that have an immediate requirement for care and support.

In addition to completing this form, all applicants must be aware that there may be a requirement to complete separate housing application forms for each of the extra care schemes which are managed by different housing associations. You may also be required to provide a passport sized photograph of yourself.

If necessary, applicants may also be required to participate in a telephone interview conducted by a Social Worker on behalf of Medway Council.

Applications for extra care housing accommodation will be considered by a Lettings Panel that meets on a regular basis, and as and when vacant apartments become available. You will be contacted in the event that you are shortlisted for a vacant apartment.

In the event that you are shortlisted for a vacant apartment, you will be expected to participate in an affordability assessment conducted by the Housing Association and/or a Financial Assessment conducted by the Council.

**Qualifying Criteria**

Before completing this application form, please give consideration to the qualifying criteria that is listed below.

1. **Applicants must be over the age of 55 years**

* All Applicants must meet the minimum age criteria of 55 years for living within extra care housing. Any applications that do not meet this criteria will be rejected.

1. **Applicants must have an eligible social care need**

* When assessing social care needs, ten outcomes are considered, and we look at how they impact upon your health and wellbeing. In order to meet the national eligibility criteria youmust have difficulty in achieving two or more of the outcomes, and these must significantly impact on your health and wellbeing:
* Maintaining and managing nutrition
* Managing personal hygiene
* Managing toilet needs
* Being appropriately clothed
* Being able to make use of the home safely
* Maintaining a habitable home environment
* Developing or maintaining family and other personal relationships
* Accessing and engaging in work, training, education or volunteering
* Making use of necessary facilities or services in the local community
* Carrying out caring responsibilities for a child.

1. **Applicants must have a local connection to Medway**

* All Applicants must be ordinarily resident in the Medway area or be able to evidence that they have a strong local connection to the Medway area.

1. **Applicants must have an eligible housing need**

* It may be necessary to determine an applicant’s housing need following a social care assessment. If you are already accommodated in a property that is adequate to meet your health and social care needs then your application will be rejected.

**1. Personal Details**

Please give details for you and your household; only include those that you are wanting to be re-housed with:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Surname | First name(s) | Sex Male/Female | Date of Birth | Relationship to applicant |
|  |  |  |  |  | APPLICANT |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Email Address: | Telephone (home): | Mobile: |
|  |  |  |

National Insurance Number:

|  |  |
| --- | --- |
| Applicant 1: | Applicant 2: |
|  |  |

**2. Scheme information**

What scheme/s are you interested in? (Please tick all that apply)

Atlas Place, St Mary’s Island, Chatham

Bellerophon House, Rochester Riverside

Montgomery Court, Liberty Park, Wainscott

Prospect Place, Blake Avenue, Gillingham

Rogallo Place, Horsted Park, Chatham

What apartment type do you require? One bedroom  Two bedroom

Do you have any pets? Yes  No

If yes, what type of pet?

**3. Current accommodation**

Please provide details below of your current address:

|  |  |
| --- | --- |
| Property Number/ Name: |  |
| Street: |  |
| Town: |  |
| County: |  |
| Post Code: |  |

Which of the following best matches your current property?

|  |  |
| --- | --- |
| Owner Occupier | Lodging |
| Local authority tenant | Private landlord renting |
| Housing Association  Other (Please specify) |  |

Do you own your own property? Yes / No (please circle)

Do you have rent arrears on your rent account? Yes / No (please circle)

Which council do you pay your council tax to?

If you have lived in your current home for less than five years please give all previous addresses for those five years:

|  |  |  |
| --- | --- | --- |
| Address | Dates from and to | Landlords name, address and phone number |
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| --- |
| Is either Applicant 1 or Applicant 2 considered to be at risk; vulnerable or currently in hospital and waiting to leave? Please explain |
|  |

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| --- |
| What are your reasons for wanting to move and why is Extra Care Accommodation being considered? |
|  |

1. **Details of health, care and adaptions required**

Please give details of any health, mobility, cognitive or sensory problems you have. Please also list any aids and adaptions you have or state if you need them in your new home (and prior to moving in) as determined by your GP or Occupational Therapist.

|  |  |
| --- | --- |
| Applicant 1: | Applicant 2: |
|  |  |

Please give details of any care or support packages presently received, for example meals on wheels, home care etc. Please provide any supporting evidence, such a care or support plan if possible to help us when assessing your needs.

|  |  |
| --- | --- |
| Applicant 1: | Applicant 2: |
|  |  |
| Number of hours of care provided per week if known: | Number of hours of care provided per week if known: |
|  |  |

|  |
| --- |
| Are you at risk of any homelessness or at threat of domestic violence or serious harassment? Or do you have severe health problems directly affected by your current housing/ location? Does your current housing situation prevent you from being fully independent? If so please give details. |
|  |

|  |
| --- |
| If your current housing situation prevents you from being fully independent, please give details below of how your current housing situation impacts you. Please provide details of the following:   * Any access difficulties to and from the property you experience * How many steps do you need to ascend/descend to access your property * Ramp access * General street access * Any other difficulties |
|  |

Do you have any services working with you, for example social worker, occupational therapist, community nursing service? If yes please provide details:

|  |  |  |
| --- | --- | --- |
| **Name of service** | **Contact details** | **How do they help you?** |
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**Applicant 1 must complete the following questions**.   
These will be repeated over the page for Applicant 2 noted on this application form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Can you, Applicant 1 achieve the following:** | **Yes** | **Some difficulty** | **Very difficult** | **Only with help** | **Not at all** |
| Get in & out of bed |  |  |  |  |  |
| Get in & out of chair |  |  |  |  |  |
| Get in & out of bath |  |  |  |  |  |
| Get in & out of shower |  |  |  |  |  |
| Get to and from the toilet |  |  |  |  |  |
| Manage your own personal care needs |  |  |  |  |  |
| Wash all over in bath/shower |  |  |  |  |  |
| Get dressed & undressed |  |  |  |  |  |
| Climb stairs |  |  |  |  |  |
| Prepare hot meals for yourself |  |  |  |  |  |
| Prepare snacks & hot drinks |  |  |  |  |  |
| Feed yourself |  |  |  |  |  |
| Do your own laundry |  |  |  |  |  |
| Do your own housework |  |  |  |  |  |
| Do your own household shopping |  |  |  |  |  |
| Go outdoors and are fully mobile |  |  |  |  |  |
| Get around indoors (excluding stairs) |  |  |  |  |  |
| Use telephone and assistive technology equipment |  |  |  |  |  |
| Get around outdoors using a mobility aid or scooter |  |  |  |  |  |
| Administer your own medication |  |  |  |  |  |
| If you use a wheelchair, can you use this independently |  |  |  |  |  |

**Applicant 2 must complete the following questions.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Can you, Applicant 2 achieve the following:** | **Yes** | **Some difficulty** | **Very difficult** | **Only with help** | **Not at all** |
| Get in & out of bed |  |  |  |  |  |
| Get in & out of chair |  |  |  |  |  |
| Get in & out of bath |  |  |  |  |  |
| Get in & out of shower |  |  |  |  |  |
| Get to and from the toilet |  |  |  |  |  |
| Manage your own personal care needs |  |  |  |  |  |
| Wash all over in bath/shower |  |  |  |  |  |
| Get dressed & undressed |  |  |  |  |  |
| Climb stairs |  |  |  |  |  |
| Prepare hot meals for yourself |  |  |  |  |  |
| Prepare snacks & hot drinks |  |  |  |  |  |
| Feed yourself |  |  |  |  |  |
| Do your own laundry |  |  |  |  |  |
| Do your own housework |  |  |  |  |  |
| Do your own household shopping |  |  |  |  |  |
| Go outdoors and are fully mobile |  |  |  |  |  |
| Get around indoors (excluding stairs) |  |  |  |  |  |
| Use telephone and assistive technology equipment |  |  |  |  |  |
| Get around outdoors using a mobility aid or scooter |  |  |  |  |  |
| Administer your own medication |  |  |  |  |  |
| If you use a wheelchair, can you use this independently |  |  |  |  |  |

|  |
| --- |
| Does either Applicant 1 or Applicant 2 require care throughout the night? Please explain |
|  |
| Does either Applicant 1 or Applicant 2 have a history of falls? Please give details of how these occurred and the injuries sustained. How many times have you fallen in the last 12 months? |
|  |
| Does either Applicant 1 or Applicant 2 have substance misuse problems? Please explain |
|  |
| Does either Applicant 1 or Applicant 2 have any challenging behaviours? Please explain |
|  |
| Does either Applicant 1 or Applicant 2 have a history of anti-social behaviour or neighbour disputes? Please explain |
|  |
| Does either Applicant 1 or Applicant 2 consider themselves to be socially isolated? What family involvement do you have in your day to day lives and do you access community services? Please explain |
|  |

**Charges**

The charges for extra care housing accommodation may vary depending on the scheme you are applying to live in. Charges include the following:

1. Rent payable to the landlord
2. Service charge payable to the landlord
3. Meal charge (if applicable) payable to the landlord (meal charges are applicable in Atlas Place, Montgomery Court and Rogallo Place)
4. Care charge payable to Medway Council (following a financial assessment)
5. Wellbeing charge payable to either the care provider or Medway Council (following a financial assessment)

Please note the ‘Wellbeing charge’ is a weekly contribution of £12.50 towards there being a care worker on site between the hours of 10 pm and 7 am to respond to emergencies. This fee is applicable in all extra care schemes and is subject to change.

**Declaration**

Under the Data Protection Act we must tell you what we will use your personal details and sensitive data for and we must store it safely. The information you have given will be used to allow us to assess and prioritise your application for extra care housing and correspond with you. On occasion we are required to supply statistics to organisations that regulate us. We will not divulge any information we hold about you unless you agree, we are required to do so by law or we have to do so in order to protect our rights.

(\* delete as appropriate) I/We\* confirm that the information I/we\* have supplied is accurate and may be held by Medway Council in accordance with the particulars above. I/we\* understand that the completion of this form does not imply that I/we\* will automatically be entitled to an offer of accommodation.

By signing this form you give consent for a Medway Council representative to contact relevant agencies, organisations or previous landlords in order to obtain further supporting information relating to your application for extra care housing.

We reserve the right to request references at a later date.

We reserve the right not to house you should you give false information.

|  |  |
| --- | --- |
| Signature of applicant(s): | Date: |
|  |  |

Thank you for completing this form. Please return this by email to [extracare@medway.gov.uk](mailto:extracare@medway.gov.uk) or by post to:

**Adult Social Care – Locality Duty, Extra Care Housing, Level 4, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR.**

For office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| **Social worker name and extension:** |  | **Care Category:**  **Low= 5 to 9 hours**  **Med= 10 to 14 hours**  **High = 15 and over** | Low  Medium  High |
| **Date of application:** |  | **Preferred Scheme:** |  |
| 1. **Housing need met** | Yes/No | 1. **Social Care need met** | Yes / No |
| 1. **Local Connection to Medway** | Yes/No | 1. **Applicant over the age of 55 years?** | Yes / No |