

|  |
| --- |
| **Extra Care / Retirement Living Application****Revised 2nd March 2020** |

**Why we are collecting your personal data and what will we do with it?**

This application for Extra care housing is used by any Extra care scheme in Telford & Wrekin and also Telford & Wrekin Council Adult Social Care to collect the necessary data to process your application for Extra care housing (which may also include the provision of care and support).

This personal data will be used solely by the Extra care schemes in Telford & Wrekin to help reach a decision of whether an offer of Extra care housing (which may also include the provision of care and support) can be made to you.

Your data will enable your application to be considered and for the best possible advice, care or support to be provided and to meet the statutory requirements under the Care Act 2014, wider legislation and Article 9(2)(c) & (h) of the General Data Protection Regulations 2018 or equivalent United Kingdom legislation.

Your personal data collected both via this application form and any further assessment undertaken as part of applying for Extra care housing may be shared between Telford & Wrekin Council and any of the Extra care landlords and on-site care providers in the borough in order to process your application for Extra care housing. Your data will be shared only where we are permitted/required to do so by law.

There may be occasions where Telford & Wrekin Council or any of the Extra care Landlords and on-site care providers request further information from key third party organisations such as Health or Provider organisations.

**If completing a joint application both applicants should read the above statement.**

**If an application is being made on behalf of an individual who lacks capacity then an appropriate professional completing the application form must take note of and agree to the above statement on their behalf.**

For further details on the council’s privacy arrangements please view the privacy page on the council’s [website page](http://www.telford.gov.uk/terms). (<http://www.telford.gov.uk/terms>)

Former versions: 6th Nov 2019, 6th Aug 2019, 25th July 2019, 14th Dec 2018

# Main Applicant (***Please also complete section 10 onwards if there is a 2nd applicant***)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this a joint application?  | **YES** ***(Complete sections 1 to 15)*** |  | **NO** ***(Complete Sections 1 to 9 only)*** |  |
| Title |  |
| First Name |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Marital Status |  |
| Next of Kin (Name and contact details) |  |
| National Insurance Number |  |
| NHS Number |  |
| Nationality  |  |
| If appropriate, please list ‘Right to Remain’ Documents available |  |

# Your Contact Details

|  |  |
| --- | --- |
| Main Applicant Mobile Number |  |
| Second Applicant Mobile Number (if applicable) |  |
| Main Applicant Home Number |  |
| Second Applicant Home Number (if applicable) |  |
| **Details of person completing this application** (If application was filled in on behalf of the applicant) |
| Name |  |
| Address |  |
| Mobile Number |  | Home Number |  |
| Consent/Permission available to act on behalf of the applicant?***(Please see privacy notice at beginning of application for how to withdraw this consent at any time)*** |  |
| Who should be the main point of contact in relation to this application (*please tick one or if more than one, please number in order of preference*) |
| First Applicant |  |
| Second Applicant |  |
| Next of Kin |  |
| Social Worker |  |
| Person completing the application ***(if different to above)*** |  |

|  |
| --- |
| **Can you provide 2 types of ID, chosen from the list provided?** ***Please tick those available***  |
| Passport |  |
| Full Birth Certificate |  |
| Driving Licence |  |
| Benefits Paperwork |  |
| Letter in your name by Government Dep tot Local Authority in the last 3 months |  |
| National Identity Card |  |
| Permanent Residence Card |  |
| Biometric immigration card or immigration status document |  |
| Certification of registration or naturalisation as British Citizen |  |

# Your Current Home

|  |  |
| --- | --- |
| House Number |  |
| Street |  |
| Town |  |
| County |  |
| Postcode |  |
| When did you move into this address? |  |
| Reason for moving? |  |
| **Current living arrangements** *Please tick appropriate* |
| Renting from Local Authority |  |
| Are you a HomeownerIf ‘Yes’ please note:* **Some Extra Care Providers will require that the property is sold or, in the case where a tenancy can be offered in advance of a sale, it may be conditional upon the marketing and sale of the home (where progress towards this will be monitored).**
* **For some Extra Care schemes where they operate a Shared Ownership scheme, existing homeowners may be directed down this route rather than a rental apartment.**
 |  |
| If you are a homeowner, is the property on the market or intended to be once alternative accommodation is identified?  |  |
| Living/Lodging with family or friends |  |
| Renting from a Housing Association *(Please specify which one)* |  |
| Renting from a Private Landlord |  |
| Living in MOD Accommodation  |  |
| Other *(please give details)* |  |

# Your Previous Homes

|  |
| --- |
| Please list all of your previous addresses and landlords addresses for the last 5 years and your reason for leaving each address |
| Property Address | Owned/Private Rent/Social Rent/Other (please state) | Name & Address of Landlord | Date From | Date to | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# About You

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any disabilities or Health conditions | Yes | No | Prefer not to say |
| Please enter details |  |
| Do you have any vulnerability? *Please tick appropriate* | Yes | No | Prefer not to say |
| Agoraphobia |  | HIV |  |
| ASB/Risk Management Plan |  | Learning Disability |  |
| Asperger’s |  | MARAC |  |
| Autism |  | Memory Loss |  |
| Bipolar |  | Mental Health |  |
| Dementia |  | Osteoporosis |  |
| Drug/Alcohol Problems |  | Schizophrenia |  |
| Epileptic |  | Stroke |  |
| Fibromyalgia |  | Speech Impediment |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any communication requirements *Please tick appropriate* | Yes | No | Prefer not to say |
| Alternative Language |  | Talk Type |  |
| Sight Issues |  | Home Visits only |  |
| Communication via email |  | Oxygen User |  |
| Contact via family or RLC only |  | Ambulant User |  |
| Deaf |  | Wheelchair User |  |
| Hearing impaired |  | Extra Time to answer door |  |
| Literacy issues |  |  |  |
| Additional Notes |  |

|  |  |  |
| --- | --- | --- |
| Are you related to any employee or board member of the participating housing providers? *If yes, please tick appropriate* | Yes | No |
| Anchor |  | Bournville Village Trust |  |
| Bromford |  | Sanctuary |  |
| Wrekin Housing Trust |  |  |  |

|  |
| --- |
| Please detail below if anyone in the household receives support from any agencies (Carers, GP, Social Worker, Support Worker or similar) |
| Name |  |
| Job Title/Role |  | Contact Number |  |
| Name |  |
| Job Title/Role |  | Contact Number |  |

|  |
| --- |
| If you are receiving a package of care, please indicate the Care Banding applicable and number of hours you are receiving per week. Please provide detail below the table.  |
|

|  |  |  |
| --- | --- | --- |
| **Care Banding Hours** | **Please tick** | **Actual Hours of Care** |
| Low 1-7 hours per week |  |  |
| Med 8-15 hours per week |  |  |
| High 16 + hours per week |  |  |

Other relevant information:  |
| How is your Care Package funded? *Please tick appropriate*  |
| Privately |  | Direct Payment |  | Local Authority |  |
| Date of Last Care Review? |  |
| If there is not a care package in place do you require care? | Yes | No |

|  |
| --- |
| Why do you want to move to this type of accommodation? *Please tick appropriate* |
| Safety, Security & Reassurance |  | Health and wellbeing |  |
| Maximise Independence |  | Access to care and support |  |
| Live amongst like-minded People |  | Loneliness/isolation |  |
| Other (please specify) |  |

# General Information

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you ever been victim of anti-social behaviour |  |  |
| Have you ever been accused of anti-social behaviour |  |  |
| Do you have any unspent convictions that have been imposed by the courts which resulted in custodial sentence, fine or community service? |  |  |
| Is anyone in the household on the sex offenders register? |  |  |
| **Do you need to leave your home due to:** * Repossession
* Notice of Seeking Possession
* Notice to Quit
* Eviction
 |  |  |
| ***We might obtain additional information from the police or other relevant agencies in order to assess your application*** |

# Your Finances ***(You will be asked to provide bank statements for the previous 3 months for all accounts for everyone over 18 years in your household)***

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Does your income (wages, benefits etc) get paid into a bank/credit union/building society account that allows you to set up Direct Debits and/or standing orders for bill payments |  |  |
| Do you have any outstanding rent arrears? |  |  |
| Have you got enough funds to pay for your move and related costs? (Deposits/Rent for notice periods/Removals) |  |  |
| Do you need support and assistance to move? |  |  |
| Do you have someone who will facilitate/assist with the move?  |  |  |
| Will you be able to pay up to 1 month rent in advance of your tenancy starting? |  |  |
| Do you have the essential household goods and furniture for your new home? (Please see below for examples)* Furniture to sit on *(Sofa, chair, dining table and chairs)*
* Bedroom Furniture *(Beds for all Occupants)*
* Kitchen Goods *(Cooker, White Goods, Cooking Utensils and Crockery)*
 |  |  |
| Do you have a Car? |  |  |
| Do you have a mobility scooter that will need storage, if so, please also note the model below: |  |  |
| Does anyone in the household struggle to use a lift? |  |  |
| Do you need a Ground Floor apartment? |  |  |
| If a higher floor is acceptable, do you need to be close to a lift? (**please only answer ‘Yes’ if absolutely necessary as this will limit opportunities for suitable vacancies)** |  |  |
| Does anyone use a wheelchair in the household? |  |  |
| How many bedrooms are required, 1 or 2? |  |
| Do you have a pet you wish to bring with you and if so, what is it? ***Please note that dogs are not allowed at any of the 7 schemes and only certain schemes will consider a cat subject to risk assessment.***  |  |  |

# 8. Location Choices

|  |
| --- |
| **Extra Care Schemes:****Please indicate the First & Second Choice schemes only***Please note that this application form will be sent to the top two preferred Extra Care schemes selected whether they have an immediate vacancy or not. Chosen schemes may make* ***immediate*** *contact with the applicant(s) (or your chosen contact), to start the application process.*  |
| Barclay Gardens, Wellington Road, Donnington, Telford, TF2 8AB |  |
| Bourneville House, Furnace Avenue, Lightmoor Village, Telford, TF4 3BY |  |
| Chillcott Gardens, Bridgnorth Road, Madeley, Telford, Shropshire, TF7 4LU |  |
| Lawley Bank Court, Martingale Way, Lawley Bank, Telford, TF4 2PP |  |
| Oakwood, Holyhead Road, Wellington, Telford, TF1 2HB |  |
| Parkwood, Park Lane, Madeley, Telford, TF7 5GA |  |
| Rose Manor, Ketley Park Road, Ketley, Telford, TF1 5FH |  |
| If other schemes in addition to the preferred scheme(s) can be considered please note them below. ***Applications will not automatically be sent to these schemes until a suitable vacancy arises and it has been agreed that you wish to be considered for it.***  |
|  |

#  **This Section to be completed by Social Worker**

|  |  |  |
| --- | --- | --- |
| **Social Worker**  | Name |  |
|  | Mobile Phone |  |
|  | Office Phone |  |
|  | Email Address |  |
| Team Leader Name and contact number |  |
| Date application form completed |  |
| **Please indicate which risk factors apply (if any):**  | **Yes** | **No** |
| **Priority 1** - Risk to life if not accommodated in Extra Care? |  |  |
| **Priority 1-** Person is at risk of homelessness **within 56 days** from the date of application (as per the Council’s duty under the Homelessness Reduction Act)?*For Social Workers selecting ‘yes’ to this question, there is now a statutory duty imposed upon all Public Authorities to refer people to a Local Authority that are at risk of or threatened with homelessness (providing that the person gives their consent to the referral).* ***You will need to follow the housing jigsaw link below to register and complete a separate referral.*** ***Please tick ‘Yes’ to confirm you have done this.*** <https://live.housingjigsaw.co.uk/alert/duty-to-refer>*(Please visit GOV.UK to read more information about*[***Duty to Refer***](https://www.gov.uk/government/publications/homelessness-duty-to-refer)***).***  |  |  |
|  |  |
| **Priority 2** - Unable to return home from hospital if not housed in Extra Care? |  |  |
| **Priority 2** - Risk of residential/nursing care if not housed in Extra Care? |  |  |
| **Priority 3** - 24/7 onsite care presence required? |  |  |
| **Other Factors:** |
| To the best of your knowledge is the applicant is suitable for communal living in an extra care environment? |  |  |
| To the best of your knowledge does the applicant pose a risk to staff and / or residents? |  |  |
| Date accommodation required: (**or please state if there is no urgency)** |  |
| How many planned care hrs required? Please tick the relevant care banding and provide details of the number of hours being required.  |

|  |  |  |
| --- | --- | --- |
| **Care Banding Hours** | **Please tick** | **Actual Hours required** |
| Low 1-7 hours per week |  |  |
| Med 8-15 hours per week |  |  |
| High 16 + hours per week |  |  |

 |
| Can the individual live independently or has consideration been given to what support will be put in place to help independent living e.g. Cleaning/maintaining property, purchasing/cooking food, managing bills/money, furnishing the property?  |
| *Yes / No (If no, please detail support in place if individual is not capable themselves)* |
| Any other specific needs/information for consideration to support the application? |
|  |
|  Additional or updated information to be considered: |
|  |
| **For Office Use Only** |
| Application Accepted |  | **Reasons** |
| Affordability |  |
| Application Refused |  | Needs are too high and can’t be accommodated in extra care |  |
| Would pose a risk to wider community |  |

# **10. Details of Second Applicant** (if applicable)

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |
| Gender |  |
| Date of Birth |  |
| Marital Status |  |
| Next of Kin (Name and contact details) |  |
| National Insurance Number |  |
| NHS Number |  |
| Nationality  |  |
| If appropriate please list ‘Right to Remain’ Documents available |  |

#  Your Contact Details

|  |  |
| --- | --- |
| Main Applicant Mobile Number |  |
| Second Applicant Mobile Number (if applicable) |  |
| Main Applicant Home Number |  |
| Second Applicant Home Number (if applicable) |  |
| **Details of person completing this application** (If application was filled in on behalf of the applicant) |
| Name |  |
| Address |  |
| Mobile Number |  | Home Number |  |
| Consent/Permission available to act on behalf of the applicant?***(Please see privacy notice at beginning of application for how to withdraw this consent at any time)*** |  |
| Who should be the main point of contact in relation to this application (*please tick one or if more than one, please number in order of preference*) |
| First Applicant |  |
| Second Applicant |  |
| Next of Kin |  |
| Social Worker |  |
| Person completing the application ***(if different to above)*** |  |

|  |
| --- |
| **Can you provide 2 types of ID, chosen from the list provided?** ***Please tick those available.***  |
| Passport |  |
| Full Birth Certificate |  |
| Driving Licence |  |
| Benefits Paperwork |  |
| Letter in your name by Government Dep tot Local Authority in the last 3 months |  |
| National Identity Card |  |
| Permanent Residence Card |  |
| Biometric immigration card or immigration status document |  |
| Certification of registration or naturalisation as British Citizen |  |

# Your Current Home

|  |  |
| --- | --- |
| House Number |  |
| Street |  |
| Town |  |
| County |  |
| Postcode |  |
| When did you move into this address? |  |
| Reason for Moving |  |
| **Current living arrangements** *Please tick appropriate* |
| Renting from Local Authority |  |
| Are you a HomeownerIf ‘Yes’ please note:* **Some Extra Care Providers will require that the property is sold or, in the case where a tenancy can be offered in advance of a sale, it may be conditional upon the marketing and sale of the home (where progress towards this will be monitored).**
* **For some Extra Care schemes where they operate a Shared Ownership scheme, existing homeowners may be directed down this route rather than a rental apartment.**
 |  |
| If you are a homeowner, is the property on the market or intended to be once alternative accommodation is identified?  |  |
| Living/Lodging with family or friends |  |
| Renting from a Housing Association *(Please specify which one)* |  |
| Renting from a Private Landlord |  |
| Living in MOD Accommodation  |  |
| Other *(please give details)* |  |

# Your Previous Homes

|  |
| --- |
| Please list all of your previous addresses and landlords addresses for the last 5 years and your reason for leaving each address |
| Property Address | Owned/Private Rent/Social Rent/Other (please state) | Name & Address of Landlord | Date From | Date to | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# About You

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any disabilities or Health conditions | Yes | No | Prefer not to say |
| Please enter details |  |
| Do you have any vulnerability? *Please tick appropriate* | Yes | No | Prefer not to say |
| Agoraphobia |  | HIV |  |
| ASB/Risk Management Plan |  | Learning Disability |  |
| Asperger’s |  | MARAC |  |
| Autism |  | Memory Loss |  |
| Bipolar |  | Mental Health |  |
| Dementia |  | Osteoporosis |  |
| Drug/Alcohol Problems |  | Schizophrenia |  |
| Epileptic |  | Stroke |  |
| Fibromyalgia |  | Speech Impediment |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any communication requirements *Please tick appropriate* | Yes | No | Prefer not to say |
| Alternative Language |  | Talk Type |  |
| Sight Issues |  | Home Visits only |  |
| Communication via email |  | Oxygen User |  |
| Contact via family or RLC only |  | Ambulant User |  |
| Deaf |  | Wheelchair User |  |
| Hearing impaired |  | Extra Time to answer door |  |
| Literacy issues |  |  |  |
| Additional Notes |  |

|  |  |  |
| --- | --- | --- |
| Are you related to any employee or board member of the participating housing providers? *If yes, please tick appropriate* | Yes | No |
| Anchor |  | Bournville Village Trust |  |
| Bromford |  | Sanctuary |  |
| Wrekin Housing Trust |  |  |  |

|  |
| --- |
| Please detail below if anyone in the household receives support from any agencies (Carers, GP, Social Worker, Support Worker or similar) |
| Name |  |
| Job Title/Role |  | Contact Number |  |
| Name |  |
| Job Title/Role |  | Contact Number |  |

|  |
| --- |
| If you are receiving a package of care, please indicate the Care Banding applicable and number of hours you are receiving per week. Please provide detail below the table.  |
|

|  |  |  |
| --- | --- | --- |
| **Care Banding Hours** | **Please tick** | **Actual Hours of Care** |
| Low 1-7 hours per week |  |  |
| Med 8-15 hours per week |  |  |
| High 16 + hours per week |  |  |

Other relevant information:  |
| How is Care Package funded? *Please tick appropriate*  |
| Privately |  | Direct Payment |  | Local Authority |  |
| Date of Last Care Review? |  |
| If there is not a care package in place do you require care? | Yes | No |

|  |
| --- |
| Why do you want to move to this type of accommodation? ***Please tick appropriate*** |
| Safety, Security & Reassurance |  | Health and wellbeing |  |
| Maximise Independence |  | Access to care and support |  |
| Live amongst like-minded People |  | Loneliness/isolation |  |
| Other (please specify) |  |

# General Information

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Have you ever been victim of anti-social behaviour |  |  |
| Have you ever been accused of anti-social behaviour |  |  |
| Have you got any unspent convictions that have been imposed by the courts which resulted in custodial sentence, fine or community service? |  |  |
| Is anyone in the household on the sex offenders register? |  |  |
| **Do you need to leave your home due to:*** Repossession
* Notice of Seeking Possession
* Notice to Quit
* Eviction
 |  |  |
| ***We might obtain additional information from the police or other relevant agencies in order to assess your application*** |