


careplus

Application for
housing with
24hr support. 

Together we can
make life the best
it can be, for 

Please state which Care Plus development you are applying for:

Eligibility for assistance

Are you and all members of your household either:

British Citizens?

If yes, please move on to the section titled **About You**

Yes

No

or

Subject to Immigration Control?

If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation

Yes

No

or

**Commonwealth Citizens
with the right of abode in the United Kingdom?**

If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation

Yes

No

or

**Citizens of a European Union Country or Iceland, Norway
or Liechtenstein?**

If yes, you will be contacted by a Housing Adviser and also asked to provide your passport or other supporting documentation

Yes

No

About you

Is this a single or joint application?

Single

Joint

1st Applicant

First Name:

Date of Birth:

Surname:

How do you prefer to be addressed:

Mr

Mrs

Miss

Ms

National Insurance Number:

Present Address:

Post Code:

Date moved in:

Telephone Number:

Home:

Other daytime:

Email:

2nd Applicant (if applicable)

First Name:

Date of Birth:

Surname:

How do you prefer to be addressed:

Mr

Mrs

Miss

Ms

National Insurance Number:

Present Address:

Post Code:

Date moved in:

Telephone Number:

Home:

Other daytime:

Email:

Ethnic origin

How would you describe your ethnic origin?

Please tick one box for yourself and one box for the person who will live with you.

White	You	Joint Applicant (if applicable)
British or English	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other European	<input type="checkbox"/>	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please state:	-----	-----
Mixed		
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed Background - Please state:	-----	-----
Asian or Asian British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please state:	-----	-----
Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please state:	-----	-----
Other Ethnic Groups		
Arab	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please state:	-----	-----

Security details

Please choose a password for your account (max 10 characters)

Please state your Mother's maiden name

Alternative contact address

To be used if we are unable to contact you at your present address (given on the previous page) or if you would prefer us to contact someone else who can act on your behalf

Name:

Address:

Post Code:

Relationship to you:

Telephone Number:

Are you or any person who is going to live with you, related to any Board Member or Staff Member of **Care Plus, Housing Plus** or **South Staffordshire Housing Association**?

Yes No

If yes, whom are you related to?

Have you any pets?

Your present housing

Are you:

- | | | | |
|--|--------------------------|-----------------------------|--------------------------|
| A Local Authority Tenant? | <input type="checkbox"/> | A Business Tenant? | <input type="checkbox"/> |
| A Housing Association Tenant? | <input type="checkbox"/> | A Lodger? | <input type="checkbox"/> |
| A Resident in a residential /nursing home? | <input type="checkbox"/> | A Private Tenant? | <input type="checkbox"/> |
| A Home Owner? | <input type="checkbox"/> | In Sheltered Accommodation? | <input type="checkbox"/> |

If you are a housing association tenant, please state the name of the housing association:

.....

How much do you pay?

Mortgage £..... Rent £..... Board £.....

Do you owe arrears?

Yes

No

Is your present accommodation:

Permanent

Temporary

What type of property do you live in?

House

Flat

Bungalow

Other

How many rooms are there? (Please state number for each)

Living Rooms Bedrooms Kitchen Bathroom Toilets.....

If you live in a flat, which floor do you live on?

Ground

First

Second

Third

Above Third

What floor level is the bathroom on?

.....

.....

Is the toilet inside or outside?

Inside Outside

How many people live in the property?

Adults Children

How do you regard the repair/condition of your home?

Good Fair Poor

Does your home need repairs?

Yes No

If yes, describe:.....

.....

.....

Does your home have central heating?

Yes No

Please specify other types of heating i.e. gas fire, storage heaters etc.

.....

.....

Do you have heating in all main rooms?

Yes No

If No, which room/s lack any form of adequate heating?

.....

.....

Income

This information will be treated as confidential. It is important that we assess if you are in receipt of benefits that you are entitled to. We will help you to claim benefits and help you throughout the process.

Please tell us about your financial situation.

Are you receiving:	Applicant's total weekly amount	Joint applicant's total weekly amount (if applicable)
Pension		
State Pension?	£	£
Occupational Pension?	£	£
Regular Income from Employment?	£	£
What was your main occupation?		
Name of employer?		

Benefits

Income Support/Pension Credit?	£	£
Attendance Allowance?	£	£
Mobility Allowance?	£	£
Housing Benefit?	£	£
Disability Living Allowance?	£	£
Other Benefits?	£	£
Please state which:		

Other income from investments/property from yourself and anyone who will be living with you:

Name:	Type of income:	£	£
Name:	Type of income:	£	£
Name:	Type of income:	£	£

Total Income

Total	£	£
Weekly Income Total	£	£
Write down the total amount of savings you have	£	

To help us advise you of the widest range of accommodation options that are available we may have to ask for information about you from the Benefits Agency. Please sign if you give us permission to do this.

Signature:

Medical factors

The information you provide here will help us to assess whether moving to a scheme environment would benefit your health. It is also important that we understand your health needs. You do not have to give this information, but if we don't know your health needs we will not be able to assess your application fully.

Do you or anyone in your household want to move into the scheme for health reasons; either physical (arthritis, osteoporosis, angina), or mental (depression, dementia, stress)?

Yes

No

If yes, who, and what is the problem

.....

.....

.....

.....

.....

Is this medical condition affected by your present housing?

Yes

No

If yes, how?

.....

.....

.....

.....

.....

Are you registered blind/partially sighted with Social Services?

Yes

No

Are you registered disabled?

Yes

No

Name and telephone number of your Social Worker:

Name

Telephone number

Name of G.P. Dr.

Address of G.P.

.....

Tel No. of G.P.

Are you currently registered with a Doctor/Nurse/Hospital? Yes No

If yes, who?

Name

Address

.....

Contact Number

May we contact them? Yes No

Are you currently registered or visited by a District Nurse? Yes No

If yes, who?

Name

Address

.....

Contact Number

May we contact them? Yes No

Mobility factors

Do you, or anyone moving with you, have difficulties moving around your home due to medical problems or a disability?

Yes

No

If yes, name those that have these difficulties and complete this section

.....

.....

.....

Do you have difficulty climbing stairs?

Yes

No

Do you have difficulty using a lift?

Yes

No

Do you or anybody moving with you use a wheelchair indoors?

Yes

No

Do you or anybody moving with you use a mobility scooter?

Yes

No

Do you have to use a commode because you cannot get to the toilet?

Yes

No

Is this because the toilet is upstairs?

Yes

No

Or any other reason (please state)

.....

.....

.....

Are you confined to 1 or 2 rooms in your home due to mobility problems? Yes No

Do you sleep on a chair/couch because you cannot get to a bed? Yes No

Have you had to have your bed moved downstairs? Yes No

Are your doors too narrow to allow your mobility aid (e.g. Zimmer) through? Yes No

Are your sockets or heating switches in such a place that you cannot reach them safely? Yes No

Do you have difficulty using household equipment like taps, fires etc? Yes No

If yes, please give details

.....

.....

.....

Is your home currently adapted to improve your ability to get in it and/or around it? Yes No

Ramps? Yes No

Stairlift? Yes No

Other? Yes No

Details of other adaptation:

.....

Do you propose to park a car(s) at the Scheme? Yes No

If yes, how many?

Previous accommodation

How long have you lived at your present address? Years

If less than 3 years, please list your addresses for that period, stating how long you lived at each, and your reason for leaving (continue on another sheet if desired)

Address

.....

.....

Sharing

Owner occupier

Renting council

Renting private

Renting housing association

Address

.....

.....

Sharing

Owner occupier

Renting council

Renting private

Renting housing association

From: Month/Year

To: Month/Year

Reason for Leaving

.....

.....

.....

From: Month/Year

To: Month/Year

Reason for Leaving

.....

.....

.....

Have you ever been given notice to leave by your Landlord? Yes No

If so, why?

.....

.....

.....

If you do not currently live in the area of the scheme for which you are applying, please state here if you have a connection to that area (i.e. family living nearby)

.....

.....

Present support arrangements

Do you receive help with the following from a Carer, Home Carer, or Family?

We may seek verification of your care/support needs from Adult Services.

	Yes	No	If yes, how many times per week?	Who gives help?
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>

Do you attend a Day Centre or Luncheon Club? Yes No

Please tell us why you would like to move to a Care Plus development and any other information to support your application

.....

.....

.....

.....

Accommodation preferences

Number of bedrooms required? One Two

Are you interested in part rent/part buy? Yes No

If you answered 'Yes' to the above, we will contact you with further details

Please note that false information could result in your application being turned down, or if you were rehoused, could result in you losing your home.

As far as I know, the answers I have given on this form are true and permission is given to confirm this with my landlord

Data protection

I/We (insert names)

Understand that the information contained in this application will be recorded on the computer and that this information will be governed by the provisions of the Data Protection Act 1998. Under this legislation permission is granted for the information to be given to any relevant professional person in the course of the consideration of this application.

Understand that under the provisions of the Housing Act 1985, it is my/our right to check any information given on this application or in any other way that is recorded by South Staffordshire Housing Association or relevant local authority.

Authorise South Staffordshire Housing Association and/or relevant local authority to make enquiries and/or check information regarding this application, including appropriate enquiries relating to any criminal offence which may have been declared. Agree that all information on this application be shared between South Staffordshire Housing Association and relevant local authority and its partner housing associations in assessing the need for a tenancy.

Are you happy for us to share information with other professionals?

E.g. social workers

Yes

No

Your signature: Date:

Signature (Joint Applicant) Date:

Completed applications should be returned to:

Head of Care and Support
Acton Court
Acton Gate
Stafford
ST18 9AP

If you have any difficulty understanding or completing the application form please contact us on: 0800 096 8690 or 01785 312000