



APPLICATION FORM FOR RESIDENTIAL / NURSING CARE			
APPLICANT DETAILS			
FULL NAME of Applicant		Maiden Name (if applicable)	
Title:	NI Number:	Preferred Name	
Place of Birth		Date of Birth	/ /
Congregation		Date of Baptism	/ /
Address including postcode		Telephone No(s)	
<b>REPRESENTATIVES, CONTACTS AND NEXT OF KIN DETAILS</b>			
CONTACT NAME for first point of contact		Relationship to Applicant:	
Address including postcode		Telephone No(s)	
e-mail address:			
Is this person a Jehovah's Witness?	<b>Y / N</b>	Is this person the Next of Kin?	<b>Y / N</b>
Is this the person completing this form?	<b>Y / N</b>	Does this person have Power of Attorney?	<b>Y / N</b>
CONTACT NAME for alternative contact		Relationship to Applicant:	
Address including postcode		Telephone No(s)	
e-mail address:			
Is this person a Jehovah's Witness?	<b>Y / N</b>	Is this person the Next of Kin?	<b>Y / N</b>
Is this the person completing this form?	<b>Y / N</b>	Does this person have Power of Attorney?	<b>Y / N</b>
CONTACT NAME for 2 <sup>nd</sup> alternative contact		Relationship to Applicant:	
Address including postcode		Telephone No(s)	
e-mail address:			
Is this person a Jehovah's Witness?	<b>Y / N</b>	Is this person the Next of Kin?	<b>Y / N</b>
Is this the person completing this form?	<b>Y / N</b>	Does this person have Power of Attorney?	<b>Y / N</b>

OFFICE USE ONLY:-

Date Received: / /

Preferred Home:

When Needed:

Initial Contact: / /

Contacted by:

Assessment Needed: Y / N

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**HEALTHCARE AND WELFARE NEEDS**

**NAME** of GP / Doctor:

Address of Surgery including postcode

Telephone No(s):

**NAME** of Social Worker

Address of Social Worker Office including postcode

Telephone No(s):

Give details of the diagnosis supplied by the doctor:-

Give details of the applicants needs as detailed by the social worker:-

We may need to obtain further details from healthcare / social services professionals to ensure that we are able to meet your individual needs. If you are aware of other relevant information, please supply this on a separate sheet.

**APPLICATION FORM FOR RESIDENTIAL / NURSING CARE****ABOUT THE APPLICANT**

What type of care are you applying for? (Tick all that are applicable):-

Permanent Care (Now):  Permanent Care (in the future):  Respite Care only:   
 Nursing Care:

Which home(s) would be most suitable/convenient? (Tick all that are applicable):-

Blackpool:  Leyland:  Maryport:  Merthyr:  Wigan:

Current Accommodation:-

Another care home:  Sheltered accommodation:  Living alone:  With Family:

**PHYSICAL CIRCUMSTANCES**

	GOOD	AVE	POOR	Brief Details
Eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Short Term Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long Term Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviour towards carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please give details of all diagnoses and health problems and any further information regarding physical circumstances and health of the applicant:

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### FINANCIAL CIRCUMSTANCES

We need to ask you about your capital, as this affects the admission procedure. If you (the applicant) have more than £22,250 (£22,000 Wales) in capital, you will most probably have to pay the costs yourself. (Though you may still be able to claim attendance allowance to offset some of the costs.) This is also true if you own your own property and it is not lived in by your husband or wife.

If you have less than £22,250 (£22,000 Wales) in capital and do not own your own property, you **MUST** have the approval & funding from your local Social Services before you can come into a residential or nursing home. This also means that you will have to have been assessed by a Social Worker to see that you need this sort of care. If this applies in your case, please contact your local social services / adult care department if you have not already done so.

Do you (the applicant):-	Yes	No
- Own your own property?	<input type="checkbox"/>	<input type="checkbox"/>
- Have income from a private pension?	<input type="checkbox"/>	<input type="checkbox"/>
- Receive Pension Credit?	<input type="checkbox"/>	<input type="checkbox"/>
- Receive Attendance Allowance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been assessed by Social Services?	<input type="checkbox"/>	<input type="checkbox"/>

If you require funding by Social Services, please be aware that Social Services will not usually pay the full costs of your care. You or your representative will need to negotiate with them to obtain the required level of funding. Part of the care will be paid for out of your pension (which Social Services will assess based on your income (including state pension, private pension, pension credit, disability allowance), and will advise both you and us how much this is) you will still be allowed a weekly amount to cover your own personal costs. If the combined funding from Social Services & your pension does not meet our costs, it may be necessary for your family to pay a “top-up”.

Before we can admit you into our homes, there are various legal obligations which have to be met. For example, a signed contract has to be completed before we are allowed to let you stay in our homes. You will also need to ensure that the finances are properly in place. We will also need a completed admissions pack, which will be sent to you nearer the time of admission.

Before admission all clothes must have labels sewn in to avoid loss/confusion during laundering. (These can be obtained from Lea Labels - Telephone: 01263 579289)

Before processing your application, we will need to know the following:-	Yes	No
Will you be financing your own care costs?	<input type="checkbox"/>	<input type="checkbox"/>
If not, have you arranged financing with Social Services?	<input type="checkbox"/>	<input type="checkbox"/>
If so how much have Social Services advised you they will pay? £	per week	
Have you spoken to your family about the possible need to pay “top-up”	<input type="checkbox"/>	<input type="checkbox"/>

I/We give permission for Jah-Jireh Homes to store personal data about me/us/the applicant and to contact and request information from other bodies and individuals to do with matters relating to this application.

Signature(s) \_\_\_\_\_

Must be the signature(s) of the applicant and/or power of attorney holder(s)