



The Abbeyfield Southend Society Ltd

APPLICATION FORM FOR SHELTERED HOUSING

Application to live at (name /address of House/Houses):
(list all preferences)

1.....

2.....

3.....

4. Ground floor / First floor

1. Personal Details

Surname Mr/Mrs/Miss

First Name(s).....

Current Address

.....

Telephone number

Other Contact Number

Date of Birth

National Insurance Number

2. Present Housing Conditions

How are you coping at home?

Do you manage your own:

Cleaning Yes No

Household tasks Yes No

Preparing meals, etc Yes No

Is there anything else you want us to know about your present housing conditions?

.....
.....

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:

.....
.....

What other services would you like to receive? (Abbeyfield can help to arrange for new and continuing support should that be necessary when living in an Abbeyfield House)

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.....

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 help that you might need?

.....

4. Social Contact

Do you have regular contact with family, friends, neighbours?

Yes No

Do they help you with anything?

Yes No

If the answer is yes please describe what they do for you:

.....
.....

The charge for the accommodation is made up of rent, service and support charges and is paid monthly in advance. Completion of this section will enable us to establish what help you may be entitled to, to meet the charges if you are offered accommodation.

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.

Income Source	Yes	No
Retirement Pension		
Attendance Allowance		
Disability Living Allowance		
Housing Benefit		
Supporting People Grant		
Other		

If you are in receipt of Housing Benefit, please give your Housing benefit number ...

.....

Do you currently own your home? 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.

7. How did you hear about Abbeyfield?

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

.....

.....

9. Your Next of Kin/Representative

At Abbeyfield we like each Resident to nominate a relative, next of kin or a trusted friend as a sponsor who can give outside support and whom we can call on in an emergency. (This is not a condition of entry.)

Sponsors name, address and relationship to applicant

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.....

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

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.....

11. Declaration and Signature

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

Signed _____ Date _____

Print full name in capitals _____

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