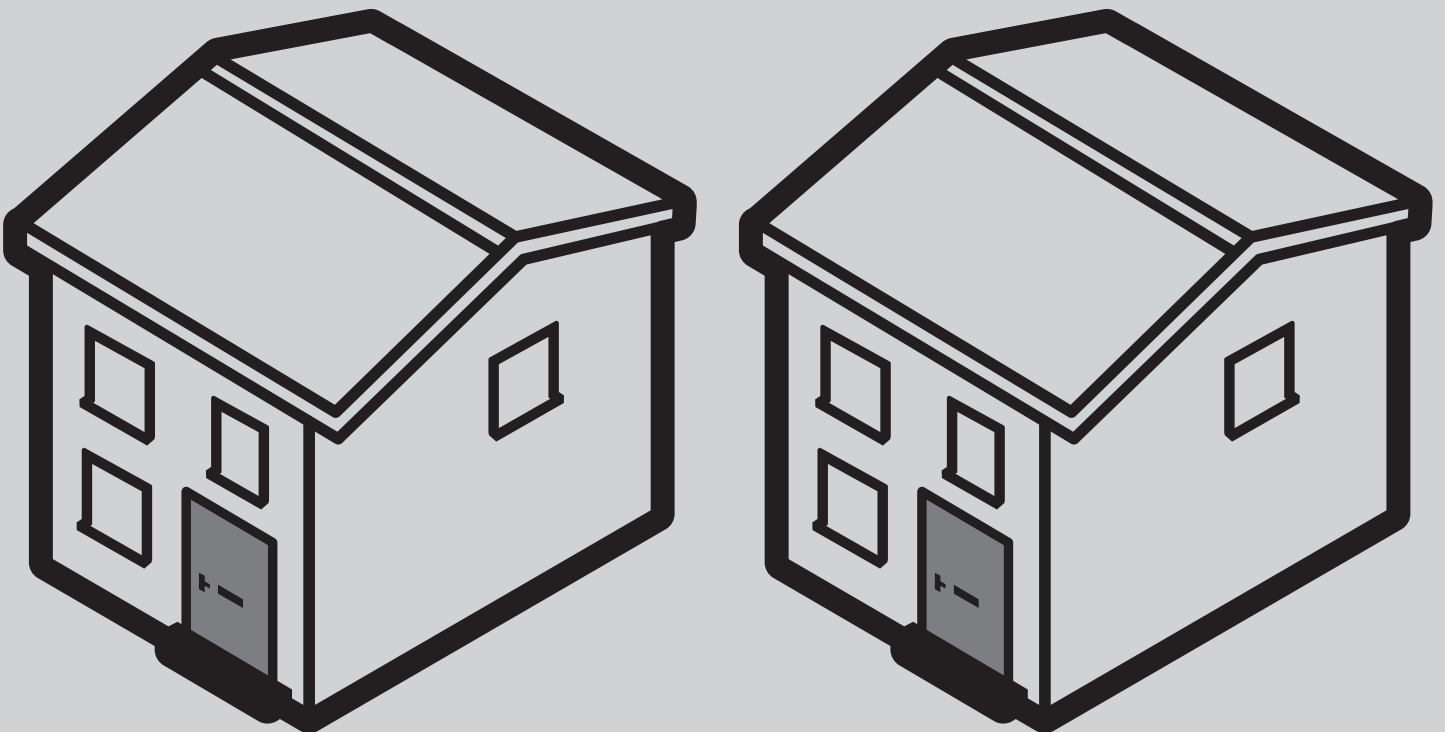




Extra Care Housing in Manchester Application



Privacy: To see details of how we will use your information, please see the online privacy notices for the Council's Adult Social Care Service and for Housing Solutions at www.manchester.gov.uk

Section 1: Applicant details

Is this a single or joint application?

Single Joint*

Title

Name in full

Date of birth

Age

NI number

Address (including postcode)

Home phone number

Mobile number

Other contact telephone number

Email address

How do you prefer to be contacted?

Phone Email Post

*Joint applications

If this is a joint application, please state the name of the person you are applying with, and their relationship to you.
(Please note: if this is a joint application, a completed application form is required for each individual).

Name of other applicant

Relationship to you

Please provide details of your next of kin.

Name

Relationship to you

Their telephone number(s)/email address(es)

Eligibility for assistance

Are you:

British citizens?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

(If No, please complete the questions below.)

Subject to immigration control?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

or

Commonwealth citizens with the right of abode in the United Kingdom?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

or

Citizens of a European Union country or Iceland, Norway or Liechtenstein?

Yes No

(If Yes, we will contact you and ask to see your passport or other supporting documentation.)

Which Extra Care scheme are you interested in moving to?

Scheme name	1st choice	2nd choice	3rd choice
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Whitebeck North Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The Byrons North Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Butler Court North Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Hibiscus Central Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Westfields South Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Village 135 South Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(a separate application form must be completed for this scheme)

Shore Green (specialist dementia scheme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Schemes in development

Scheme name	1st choice	2nd choice	3rd choice
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Oaklands House, Central Manchester, specialist dementia scheme (expected to open early 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Elmswood Park, Central Manchester (expected to open spring 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Burnage Lane, South Manchester (expected to open late 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Brunswick, Central Manchester (expected to open late 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Why do you wish to live in Extra Care?

Section 2: Your current housing

Are you: (please tick box)

- A council tenant
- A housing association tenant (If Yes, name of association.)
- A homeowner
- A private tenant
- A lodger
- Living with family or friends
- In hospital
- In sheltered accommodation
- Resident in a residential or nursing home
- Living in a hostel or temporary accommodation
- In prison
- Other (please specify)

Are you currently registered on the Manchester Housing Register?

- Yes No

What is your rehousing application number?

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 room Bedroom
 Kitchen

- Bathroom Toilet Other

Do you have a downstairs toilet/bathroom/wet room?

- Yes No

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?

- Ground First Second
 Third Above third

Does the building have a lift?

- Yes No

Section 3: Previous accommodation

How long have you lived at your present address? Years Months

If less than three 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 required).

Address	Address
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<hr/>	<hr/>
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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<input type="checkbox"/> Sharing	<input type="checkbox"/> Sharing
<input type="checkbox"/> Owner-occupier	<input type="checkbox"/> Owner-occupier
<input type="checkbox"/> Renting (local authority)	<input type="checkbox"/> Renting (local authority)
<input type="checkbox"/> Renting (private landlord)	<input type="checkbox"/> Renting (private landlord)
<input type="checkbox"/> Renting (housing association)	<input type="checkbox"/> Renting (housing association)
<input type="checkbox"/> From month/year	<input type="checkbox"/> From month/year
<input type="checkbox"/> To month/year	<input type="checkbox"/> To month/year
Reason for leaving	Reason for leaving
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Address

- Sharing
- Owner-occupier
- Renting (local authority)
- Renting (private landlord)
- Renting (housing association)
- From month/year
- To month/year

Reason for leaving

Have you ever been given a reason to leave a property by your landlord?
 Yes No

If Yes, why?

If you don't live in Manchester at the moment, please state the connection you have to the scheme you are applying for.

Section 4: What is your economic status?

Employed Unemployed
 Retired

We will treat this information confidentially. It is important you are getting the benefits you are entitled to. We will help you to claim them.

Please tell us about your financial situation.

Are you receiving:
Pension Main applicant

(weekly)

Pension £
 State pension £
 Occupational pension £
 Pension tax credit £
 Regular wages from employment £
 Benefits £
 Housing Benefit £
 Incapacity Benefit £
 Income Support £
 Attendance Allowance £
 Carers Allowance £
 Universal Credit £

Do you receive Disability Living Allowance (DLA)

Yes No

If Yes, at what level?

Care component
 Low Medium High

£ £

Mobility component
 Lower Higher

£ £

Do you receive Personal Independence Payments (PIP)?

Yes No

If Yes, at what level?

Daily living component
 Standard Enhanced

£ £

Mobility component
 Standard Enhanced

£ £

If you receive any other benefits, please state which and how much:

£ £

TOTAL INCOME £ £

Do you have any savings?

Yes No

If Yes, how much £ £

Do you own a property, including the home you live in now?

Yes No

Do you intend to sell your property?

Yes No

Are you currently in a financial position to move?

Yes No

How much notice do you require to organise a move?

Week(s)

Please answer the following questions if the scheme you are choosing has shared ownership or sales properties available and you're eligible for this scheme.

If you own a property, how much money would you or they make if the property was sold, after paying off the mortgage and any other debts? If there is more than one property, state the total amount.

£

Have you disposed of any assets or property or capital for free, or for less than they were worth at the time, to family members or friends?

Yes No

If Yes, when was it and when did it happen?

Section 5: Care and support

This information will form part of a care and support assessment.

Do you have any help or care provided by a care company?

Care companies are also called domiciliary care agencies or care agencies.

Yes No

How many hours of care do you receive each week?

What is the name of your care company?

Who is funding the care you receive?

Social Services Health
 Private arrangement

If you move to Extra Care housing, you may be able to continue to use the same care company, or you can use the one provided by the scheme. Will you want to change to use the care company at the scheme?

Yes No

As you are applying for an Extra Care scheme, it is important that we have a good understanding of what you can do for yourself, and the types of care and support you currently receive or need. Please try not to understate your needs. Think about how you feel on a bad day as well as a good one.

Do you need or receive help with any of the following?

(Please tick all the boxes that apply.)

Managing finances and benefits

Need Not needed Help received

Paying bills

Need Not needed Help received

Maintaining safety and security of your home

Need Not needed Help received

Cleaning and dusting

Need Not needed Help received

Washing and ironing

Need Not needed Help received

Shopping

Need Not needed Help received

Setting heating controls

Need Not needed Help received

Transport and mobility

Need Not needed Help received

Doing or reporting repairs

Need Not needed Help received

Dealing with external agencies

Need Not needed Help received

Taking part in activities or hobbies

Need Not needed Help received

Do you need assistance with any of the following tasks?

(Please tick all the boxes that apply.)

Eating Getting in and out of bed
 Dressing or undressing
 Sitting down or standing up
 Washing and bathing
 Moving about
 Going to the bathroom
 Housework
 Preparing meals Medication

Are you registered disabled?

Yes No

Are you registered blind?

Yes No

Do you have a mental health condition?

Yes No

If Yes, please provide additional information.

Do you have any issues concerning drug or alcohol use?

Yes No

If Yes, please provide additional information.

Section 6: Mobility

Do you have any mobility problems?

Yes No

If Yes, please describe here:

If you have difficulty walking, which of the following do you use?

- Nothing
- Self-propelled wheelchair
- Motorised wheelchair
- Walking stick
- Walking frame
- Electric scooter
- Other (please state):

If you use a wheelchair, where is it used?

(Please tick all those that apply.)

- Indoors only
- Indoors and outdoors
- Outdoors only

Do any of the following things around or in your home affect your mobility?

(Please tick all those that apply.)

- Hilly area Stairs
- Steps to front door
- Steps from back door to garden

Do you have any problems accessing the toilet or bathroom due to your mobility?

Yes No

Would you be more independent if your home had no stairs or steps (level access)?

Yes No

Do you have difficulty using a lift?

Yes No

Have you had any falls at home or elsewhere?

Yes No

If Yes, please describe here:

Has your home been adapted to help with your mobility?

(for example, handrails, stairlift, level access shower)

Yes No

If Yes, please describe here:

Are you on the waiting list for adaptations to your home?

Yes No

If Yes, please describe the adaptations you are waiting for:

Would you need any adaptations before moving to a new home?

Yes No

If Yes, please describe here:

Please give any information that will support your application, including long-term health conditions, treatment and medication, or social issues such as vulnerability.

(Continue on a separate sheet if required)

Section 7: Wellbeing

Do any of the following apply to you?

(Please tick all boxes that apply.)

Do you feel lonely and isolated?

Yes No

Do you have any memory problems?

Yes No

Do you feel depressed?

Yes No

Do you feel confused?

Yes No

Do you feel at risk of abuse and/or neglect?

Yes No

Do you feel able to make choices for yourself?

Yes No

Do people (including carers) listen to your wishes, feelings, and beliefs?

Yes No

Section 8: Details of people and agencies that help or support you

It is important that we get a clear picture of the amount of support you need.

If you answered 'yes' to any of the questions in Section 5 Care and Support, please tell us whether you receive any support and/or care services at the present time. If you are in receipt of care and support, please give details of who is currently providing the help, and approximately how many times they visit each day and for how long. This could be a social worker, district nurse, carers, or even friends and family.

Do you receive support and/or care services at the moment?

Yes No

(If Yes, please give the names of people who support you, the type of care they provide, and if this support will continue.)

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Do you currently receive services from any of the following agencies?

Yes No

If Yes, please provide the following details:

a) Their name; b) Telephone number; c)

How often

you see them; d) Whether we can contact them for further information

Social worker Yes No

District nurse Yes No

Psychiatric nurse/CPN Yes No

Occupational therapist Yes No

Other (please specify) Yes No

Section 9: Signature and declaration

Signed:

Print:

Date:

If this form is signed on behalf of the applicant, please state whether you have Power of Attorney for them.

Yes No

If you have completed this form on behalf of somebody else, please state your relationship with the applicant, eg. social worker, friend, district nurse, and provide contact detail.

Name:

Relationship:

Telephone:

Email:

We allocate Extra Care properties through a citywide panel attended by housing and care providers led by Manchester City Council Commissioning staff. In order to match you to the right property and improve your offers, we would like to share the information in this form. Do you consent to this?

Yes No

We will not share your information with anyone else other than professionals and partners involved in your Extra Care application.

This document is also available in large print and Braille. Please call **0161 234 3193** or email **m-four.translations@manchester.gov.uk** to request a copy.

Please return this form to the relevant Extra Care housing scheme management for their consideration.

For more information on how your accommodation is allocated in Extra Care, please contact the individual scheme manager.

Section 10: Rehabilitation of Offenders Declaration and antisocial behaviour

Have you had a criminal conviction that is unspent* or excluded from the Rehabilitation of Offenders Act 1974?

Yes No

If you have ever applied for rehousing, was your application subject to a Serious Offenders Panel and refused?

Yes No

Have you ever caused a nuisance to neighbours, acted antisocially, been involved in criminal activities, broken a tenancy agreement, or been evicted from a rented home?

Yes No

If Yes, please supply details on a separate sheet of paper and attach to this application. Include your full name and date of birth on any additional sheets.

***What counts as an unspent conviction?**

A custodial sentence of four years or more, is always unspent.

Rehabilitation periods for England and Wales

Custodial sentence	Rehabilitation period (from end of sentence)
Less than 6 months	2 years
Between 6 and 30 months	4 years
30 months – 4 years	7 years
More than four years	Never

Non-custodial sentence	Rehabilitation period (from end of sentence)
Community order	1 year
Fine	1 year (from the date of conviction)
Absolute discharge	None

Section II: Equality monitoring

Do you identify with any religion or belief? *(Please tick one box only.)*

Yes No Prefer not to say

If Yes, please tell us your faith or religion: *(Please tick one box only.)*

Christian (including Church of England, Roman Catholic, Protestant and all other Christian denominations)

Buddhist Jewish Muslim Hindu Sikh Prefer not to say

Any other religion (please specify):

What is your status? *(Please tick one box only.)*

Single Life partner Married Civil partnership

Prefer not to say

Other (please specify):

Do you have caring responsibilities? *(Tick all that apply.)*

None Primary carer of disabled adult (18 and over)

Primary carer of a child/children (under 18)

Primary carer of an older person/people (65 and over) Primary carer of disabled child/children

Secondary carer Prefer not to say

Which of the following best describes your working situation?

(Tick all that apply.)

I am working full-time I am not working I am retired

I am working part-time I work as a volunteer Prefer not to say

What is your gender? *(Please tick one box only.)*

Male Female Prefer not to say

Do you identify with the gender you were assigned at birth, eg. male or female?

(Please tick one box only.)

Yes No Prefer not to say

I would describe my ethnic origin as: *(Please tick one box only.)*

Black British

Black African

Kashmiri

Vietnamese

Roma/Romani traveller

White and Asian

Black Caribbean

Bangladeshi

Middle Eastern

White British

White and black Caribbean

Indian

Black Somali

Chinese

Pakistani

White Irish

White and black African

Prefer not to say

White gypsy/Irish traveller

Other mixed origin (please specify):

Other black (please specify):

Other Asian (please specify):

Other black (please specify):

Other white (please specify):

Any other (please specify):

Do you consider yourself to be a disabled person? *(Tick one box only.)*

Yes No Prefer not to say

I would describe my sexuality as: *(Please tick one box only.)*

Heterosexual/straight

Lesbian

Gay

Bisexual

Prefer not to say

Other (please specify):

Supplementary section *(for office use only)*

Details of any further assessment information from social worker, care manager or district nurse.

Is any supporting information enclosed? Please record and date.

What is the current location of the applicant? (for example, hospital, care home, respite accommodation)

Is there any additional information that you think is relevant?

Final scheme preferences

1st choice:

2nd choice:

3rd choice:

For office use only (reference number)

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please see the online privacy notices for the Council's
Adult Social Care Service and for Housing Solutions at
www.manchester.gov.uk

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