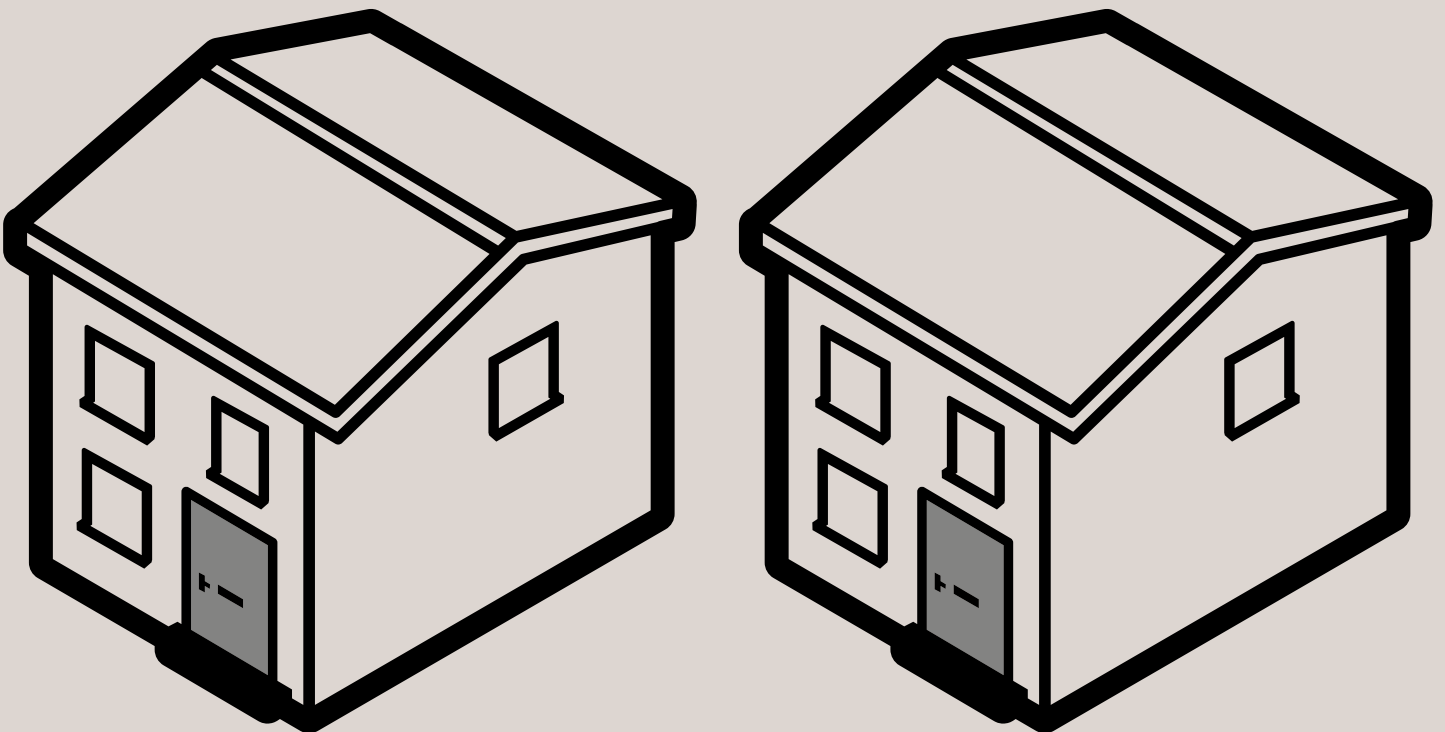




Extra Care Housing in Manchester Application



Privacy: To see details of how we will use your information, please see the online privacy notices for:

Adult Social Care: manchester.gov.uk/directory_record/431765/adult_social_care

Housing Solutions: manchester.gov.uk/directory_record/431795/housing_solutions

Information sharing

We allocate Extra Care properties through a citywide panel process attended by housing and care providers, housing options for older people officers, and social care and assessment workers, led by Manchester City Council commissioning staff. In order to find the most appropriate property for you, we will discuss your application at these panel meetings and share information with professionals and partners involved in the process. Your application will be stored securely by the above partners where appropriate. Outside of this process we may need to contact other partners if you are subject to conditions on Manchester Move.

If you are not happy about your application being discussed by the panel, please let us know by contacting your chosen scheme(s) or by emailing extracare@manchester.gov.uk.

If you have completed this form on behalf of someone else, **they must be aware of the referral**. We usually contact the main applicant first; if this is not possible, please state the reason below:

Who is the best person to contact regarding this application?

Name

Phone number

Email address

Section 1: Applicant details

Is this a single or joint application?

Single Joint*

Email address

Title

How do you prefer to be contacted?

Name in full

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).

Date of birth

Age

Name of other applicant

NI number

Address (including postcode)

Relationship to you

Home phone number

Mobile number

Other contact telephone number

Please provide details of your next of kin

Name

Relationship to you

Their telephone number(s)

Their 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?

Please state in the box below your first choice scheme from the list provided.

Scheme name	2nd choice	3rd choice
Whitebeck Court, North Manchester		
The Byrons, North Manchester		
Butler Court, North Manchester		
Elmswood Park, Central Manchester		
Hibiscus Court, Central Manchester		
Oaklands, Central Manchester		
Brunswick Village, Central Manchester		
Gorton Mill House, Central Manchester		
Westfields, South Manchester		
Village 135, South Manchester <i>(a separate application form must be completed for this scheme)</i>		
Shore Green, South Manchester <i>(specialist dementia scheme)</i>		
Dahlia House, South Manchester		

Your first-choice scheme will lead on your application and pass to your other choices in the event they do not have any properties to offer.

Why do you wish to live in Extra Care?

Section 2: Your current housing

Are you:

- A council tenant
- A housing association tenant
(If yes, supply 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 with Manchester Move?

A live Manchester Move application is a requirement for most schemes.

- Yes
- No

What is your rehousing application number?

Do you owe arrears?

- Yes
- No

Is your present accommodation

- Permanent?
- Temporary?

What type of property do you live in?

- House
- Bungalow
- Flat
- Other

How many rooms are there?

(Please state number for each.)

- Living room
- Bedroom
- Kitchen
- Bathroom
- Toilet
- Other *(please state)*

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

- Yes
- No

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

- Ground
- Third
- First
- Above third
- Second

What floor level is the bathroom on?

- Ground
- Third
- First
- Above third
- Second

Does the building have a lift?

- Yes
- No

Do you have a pet?

- Yes
- No

(If yes, please provide details)

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 one

Address two

Sharing
Owner-occupier
Renting (local authority)
Renting (private landlord)
Renting (housing association)

Sharing
Owner-occupier
Renting (local authority)
Renting (private landlord)
Renting (housing association)

From month year
To month year

From month year
To month year

Reason for leaving

Reason for leaving

Address three

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: Economic status

What is your economic status?

- Employed
- Unemployed
- Retired

We will treat this information confidentially. We need to ensure that Extra Care housing will be affordable for you, and may be able to offer advice on maximising your income.

Please tell us about your financial situation

Are you receiving any of the benefits listed? Tick all applicable boxes:

- 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

Care component

- Low
- Medium
- High

Mobility component

- Lower
- Higher

Do you receive Personal Independence Payments (PIP)?

- Yes
- No

Daily living component

- Standard
- Enhanced

Mobility component

- Standard
- Enhanced

If you receive any other benefits, please state which:

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)

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
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

Do you have difficulty using a lift?

Yes No

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

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.)

Person one

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person two

Name

Contact number

Relationship to you

Will this support continue?

Yes No

What tasks does the contact do to support you?

Person three

Name

Person four

Name

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

Yes No

If Yes, please provide the following details:

Contact number

Contact number

Social worker

Yes No

Name

Psychiatric nurse/CPN

Yes No

Name

Relationship to you

Relationship to you

Will this support continue?

Yes No

Will this support continue?

Yes No

Contact number

Contact number

What tasks does the contact do to support you?

What tasks does the contact do to support you?

How often you see them

How often you see them

Can we contact them for further information?

Yes No

Can we contact them for further information?

Yes No

District nurse

Yes No

Name

Occupational therapist

Yes No

Name

Contact number

Contact number

How often you see them

How often you see them

Can we contact them for further information?

Yes No

Can we contact them for further information?

Yes No

Other

(please specify)

Yes No

Name

Contact number

How often you see them

Can we contact them for further information?

Yes No

Section 9: Signature and declaration

Signed:

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.

Print:

Name:

Date:

Relationship:

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

Telephone:

Yes No

Email:

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?**

Please see table below for rehabilitation periods.

Rehabilitation periods for England and Wales

Custodial sentence	Rehabilitation period (from end of sentence, including license period)
1 year or less	12 months
Up to or consisting of 4 years	4 years
More than 4 years	7 years
Life imprisonment, 4 year+ for Schedule 18 offence, Public Protection Offences	Never

Non-custodial sentence	Rehabilitation period (from end of sentence)
Community order	as per the end date specified in the order or 2 years
Fine	1 year (from the date of conviction)
Absolute discharge	None

Section 11: Equality monitoring

Manchester City Council wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the citizens of Manchester in encouraging equality and diversity.

Manchester City Council needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

What is your age in years?

40 to 44	55 to 59	70 to 74	85 to 89
45 to 49	60 to 64	75 to 79	90+
50 to 54	65 to 69	80 to 84	

Are your day-to-day activities limited because of a health problem or disability that has lasted, or is expected to last, at least 12 months?

Yes No Don't know Prefer not to say

If yes, please indicate what type of impairment/condition you have.

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, asthma, or epilepsy

A mental health impairment, such as depression, schizophrenia, or anxiety disorder

A mobility issue or physical impairment, such as using a wheelchair or crutches, or difficulty walking short distances, climbing stairs, lifting or carrying objects

A learning difficulty – neurodiverse, eg. dyslexia, dyspraxia, autism, or ADHD An impairment, health condition or learning difference that is not listed above (please say):

Blind or visual impairment

Deaf or hearing impairment

Prefer not to say

Other – please say:

What is your ethnicity?

Please tick the appropriate box/boxes below that apply to you.

Asian

English/Welsh/Scottish/
Northern Irish/British

Bangladeshi

Indian

Pakistani

Chinese

Kashmiri

Black

English/Welsh/Scottish/
Northern Irish/British

African

Caribbean

Mixed

White and Black British

White and Asian British

White and Black African

White and Asian (continent)

White and Black Caribbean

Other

Please say:

White

English/Welsh/Scottish/
Northern Irish/British

Irish

Gypsy or Irish Traveller

Roma

Prefer not to say

Are you intersex?

Yes

No

Unsure

Prefer not to say

Which of the following describes how you think of yourself?

Please tick one option:

Male (including trans man)

Female (including trans woman)

Non-binary

Another way

Which of the following best describes your sexual orientation?

Straight or Heterosexual

Gay or Lesbian

Bisexual

Pansexual

Asexual

Queer

Another way

Prefer not to say

Which of the following best describes your religion or belief?

- | | |
|-----------|-------------------|
| Buddhist | Jew |
| Christian | Other religion |
| Hindu | No religion |
| Muslim | Prefer not to say |
| Sikh | |

What is your legal marital or registered civil partnership status?

- | | |
|---|--------------------------------------|
| Never married and never registered in a civil partnership | Married |
| In a registered civil partnership | Separated, but still legally married |
| Formerly in a civil partnership that is now legally dissolved | Divorced |
| Surviving partner from a registered civil partnership | Widowed |
| | Prefer not to say |

Do you have caring responsibilities?

If yes, please tick all the boxes that apply:

- | | |
|--|---|
| None | Primary carer of an older person |
| Primary carer of a child/children (aged under 18) | Secondary carer (another person carries out main caring role) |
| Primary carer of a disabled child/children | Prefer not to say |
| Primary carer of a disabled adult (aged 18 and over) | |

Is any of the care you provide paid?

- Yes No Prefer not to say

Have you previously served in the UK Armed Forces?

- Yes No Prefer not to say

Have you ever sought advice or help for a homelessness issue from an organisation other than the Council?

- Yes No Prefer not to say

Have you ever slept rough?

- Yes No Prefer not to say

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?

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



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100697 – Manchester City Council 2024

