

**EXTRA CARE ACCOMMODATION
SELF ASSESSMENT**

Please tick (✓) all schemes you would like to consider:-

Scheme	Tick (✓)
Beckwith Mews, Silksworth - <i>Housing 21</i>	
Woodridge Gardens, Washington - <i>Housing 21</i>	
Bramble Hollow, Hetton - <i>Housing 21</i>	
Cherry Tree Gardens, Houghton le Spring - <i>Gentoo</i>	

This form will help you to tell us about your support needs. Your care needs will be looked at to help us to decide whether you qualify for extra care housing.

To qualify you must :-

- be aged 55 or over
- have a need for supported or more suitable housing
- have a need for help with personal care at least once a day.

One of the following must also apply:-

- a need to be re housed, usually in the local area
- your carer needs more support

Note: Please provide details of the person in your home who has the most need for care and support. The person requiring the support will need to sign this form.

When we receive this form from you we will contact you to call out to your home. This will help us to assess your application for extra care housing.

Please return this form to:

Access to Housing, Health Housing and Adult Services,
31 - 32 Fawcett Street, Sunderland SR1 1RE
Telephone : 0191 520 5555

1. Please tick (✓) which tenures you would prefer?

Property type	Tick (✓)
Rented	
To buy outright	
Shared ownership (part rent / part buy)	

2. Applicant Details

What is your name?	
What is your address?	
What is your postcode?	
What is your date of birth?	
What is your National Insurance Number?	
What is your telephone number?	

3. Joint Applicant's Details

What is your name?	
What is your address?	
What is your postcode?	
What is your date of birth?	
What is your National Insurance Number?	

4. If you have lived in any other property in the last 10 years, other than your current home, please tell us the address: *(Start with the most recent address. Attach an extra sheet if needed)*

Address	Landlord or Owner of the property, their address, postcode & Tel No	Date from	Date to	Reason for Leaving

5. Your Home

My home is:	Tick (✓)
Owned outright	
Owned with a mortgage	
Rented from a housing association (e.g Gento)	
Privately rented	
Owned by relatives	
Residential / Nursing care home	

6. What type of property do you live in?

My home is:	Tick (✓)
Detached house	
Semi detached house	
Terraced house	
Terraced cottage	
Upper flat	
Ground floor flat	
Multi storey flat (tower block)	

Flat in sheltered housing scheme	
Bungalow	
Residential / nursing care	
Other	

7. Do you have problems with any of the following :-

Problem	Tick (✓)
Getting into and out of your home	
Climbing stairs	
Difficulty getting to the toilet	
Can't manage to use the bath	
Need spare room for carer	
There are tripping hazards	

8. Do you have the following in your home?

	Tick (✓)
Telecare (assistive technology)	
Warden control	

9. Care / Support - does anyone give you care /support ?

Care / Support Provider	Tick (✓)
Relative living with you	
Relative living apart from you	
Friend	
Neighbour	
Social Services	
Private Care	
Other	

If you have ticked yes for any of the above, please tell us who they are:-

Name	
Address	
Telephone Number	

10. Are you interested in any other accommodation? Please tick which type of property you would consider in addition to extra care housing:-

	Tick (✓)		Tick (✓)
1 bedroom bungalow		2 bedroom bungalow	
An apartment in sheltered housing		A bedsit in sheltered housing	
1 bedroom flat in multi storey		2 bedroom flat in multi storey	

11. Support Needs

Please tell us who has the most need for support

	Tick (✓)
Applicant	
Joint Applicant	

12. Health Information for the person with the most need for support

Who is your doctor?	
What is their address?	
What is their telephone number?	

Do you see:-	Please choose 'yes' or 'no'
A social worker ?	Yes / No
An occupational therapist ?	Yes / No
A physiotherapist ?	Yes / No
A community psychiatric nurse ?	Yes / No
A district nurse	Yes / No

13. Do you have any health, hearing or sight problems and how do these affect you?

If you have said 'yes' to any of the above please give the name, address and telephone numbers of the people you see:-

Name	
Address	
Telephone Number	

14. What do they help you with? (please highlight the answer that applies to you)

Activity	Help Received	Daily or weekly
Getting in / out of the bath	Yes / No	Daily / Weekly
Bathing	Yes / No	Daily / Weekly
Dressing	Yes / No	Daily / Weekly
Making or giving meals	Yes / No	Daily / Weekly
Helping with medication	Yes / No	Daily / Weekly
Shopping	Yes / No	Daily / Weekly
Cleaning	Yes / No	Daily / Weekly

15. Other Contact

Would you prefer us to speak to your carer or a member of your family about your application? If so, please give us their name and contact details below.

Name	
Address	
Telephone Number	

16. Extra Information

Do you have anything else you want to tell us to support your application ?

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17. Employment or Membership of Organisations

You only need to complete this section if you, or the joint applicant have, within the past 12 months been, a committee member, councillor or employee of the Council or any of the Housing Associations operating within the City of Sunderland (see list in Your Guide to the Housing Allocations Scheme)

Applicant	Yes or No
Name of organisation	
Position held:	
Joint Applicant	Yes or No
Name of organisation	
Position held:	

Are you or joint applicant related to any committee member, councillor or employee of the council or any of the Housing Associations operating within the City of Sunderland?

Applicant	Yes or No
Joint Applicant	Yes or No
Name of relative	
Relationship to you/ joint applicant	
Which organisation are they employed by / a member of?	
What is their position in the organisation (if known)?	

18. Signature

We may need to contact your GP or social worker to get more information from them to help with your application. We may also be required to share this information with the housing provider who to support your application for extra care accommodation.

By signing below you are allowing us to share your information and contact your GP or social worker for more information.

Your signature(Person with the support needs)

Date:

Data Protection Act 1998 Notification Clause

All personal data is kept accurate, up-to-date and secure to prevent accidental loss, destruction or damage. The extent of the measures taken by Sunderland City Council will depend upon the sensitivity of the information. Personal data will not be kept for longer than is necessary for their purpose.

You have a right of access to your personal data and the right to check and correct the information and may pursue a query or complaint on matters related to your personal data.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or protect the Council as permitted by law. If you want to know more about the information we have about you, or the way we use your information, you can request details by contacting:

Sunderland City Council
Civic Centre
Burdon Road
Sunderland
SR2 7DN

