St John & St Anne

Housing For Older People

The Hospital of St John the Evangelist and of St Anne in Okeham
(Registered Charity number 218931)

APPLICATION FOR ACCOMMODATION AND ASSESSMENT OF NEED

St John & St Anne is restricted to housing people in need and normally of retirement age or above who live in England. You must not be in paid employment unless this has been approved in writing by the Charity. Preference is given to residents of Rutland and to those who need accommodation near relatives living in Rutland.

We need to know about your personal circumstances; the data you supply on this form and other information relating to your almshouse appointment will be held on our files. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Are you applying for accommodation in:

Oakham ☐ **Uppingham** ☐

A: About You

1. Your full name(s):

1st Person: Mr/Mrs/Ms/Miss_____

2nd Person: Mr/Mrs/Ms/Miss_____

2. Address: _____

_____

3. Telephone number: _____

4. Email address (if applicable): _____

5. Are you Single/Married/Widowed/Divorced: _____

6. Number of years resident in Rutland (if applicable):_____

Date(s) of birth: 1stPerson _____

2ndPerson _____

7. National Insurance Number: 1st Person _____

2nd Person _____

B: ABOUT YOUR PRESENT ACCOMMODATION

8. My accommodation is (delete as necessary):-
House/ Flat/ Bungalow/ Lodgings/ Shared with relatives or friends/Sheltered

9. How many rooms do you have ? _____

10. If you share kitchen or bathroom or other accommodation please specify:

_____

11. Are you able to use the essential rooms in your house?
(e.g. bathroom, toilet, kitchen, bedroom) Yes / No

If no, please give details:_____

_____

12. Do you feel that you are safe in your current home and that it is secure? Yes / No

If no, please give details: _____

_____

_____

13. Is your home in need of repair? Yes / No

14. What is the Council Tax Band? A/B/C/D/E/F/G/H _____

15. Amount of rent /mortgage paid: £_____ per week/month

16. Amount of Council Tax: £_____ per week/month

17. If you are in rented accommodation please provide the name and address of your landlord.

_____

_____

_____

_____

C. ABOUT YOUR NEEDS AND SUPPORT

	1st Person	2nd Person
18. Do you have and use a car?	☐	☐
19. Do you have and use a mobility buggy?	☐	☐
20. Do you have and use a wheelchair? Yes all the time	☐	☐
Only indoors	☐	☐
Only outdoors	☐	☐
No, never	☐	☐

21. Do you have any of the following mobility problems?:

Walking	☐	☐
Standing	☐	☐
Climbing a step	☐	☐
Climbing Stairs	☐	☐

22. Do you require any support with communication?

Reading	☐	☐
Writing	☐	☐
Visual impairment	☐	☐
Hearing impairment	☐	☐
Language/Translation	☐	☐

23. Do you need any advice, help or support with daily living tasks, e.g. cooking, cleaning, washing, dressing?

Yes	☐	☐
No	☐	☐

24. Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities. Do you consider that you meet this definition of disability?

Yes / No Yes / No

1st Person **2nd Person**

25. Are there any agencies that provide you with care and support?

Yes ☐ ☐

No ☐ ☐

If yes, please provide brief details:

Type of care/support provided:_____

_____

Company/Organisation: _____

Contact Name: _____

Contact Phone Number: _____

26. Do you have a named Social Worker?

Yes ☐ ☐

No ☐ ☐

If yes, please provide brief details:

Local Authority: _____

Contact Name: _____

Contact Phone Number: _____

27. Do you have support with daily living and regular contact from your family/friends?

Yes / No

28. Please give the names, addresses & telephone number of your next of kin and their relationship to you:

Name_____ Name_____

_____ _____

_____ _____

Tel:_____ Tel:_____

Relationship_____ Relationship_____

29. Would they assist in case of illness or other emergency?

Yes/No Yes/No

D: ABOUT YOUR HEALTH – 1st Person

It is essential that our residents are able to care for themselves and live independently.

30. Have you ever had symptoms or been diagnosed with any of the following:

- High blood pressure, high cholesterol, chest pain, angina, heart disease/abnormality or stroke? ☐ Yes ☐ No
- Diabetes or kidney disease? ☐ Yes ☐ No
- Liver or bowel disease? ☐ Yes ☐ No
- Lump, cyst, growth, tumour or cancer? ☐ Yes ☐ No
- Multiple sclerosis, numbness or tingling, paralysis, or any disorder of the central nervous system? ☐ Yes ☐ No
- Mental or nervous disorders (including anxiety depression or stress) ? ☐ Yes ☐ No
- Alcohol or drug dependency? ☐ Yes ☐ No
- Any other medical condition? ☐ Yes ☐ No
- Are you a smoker? ☐ Yes ☐ No

If you have answered yes to any of the questions above, please provide further details of your health problems (use a separate sheet if necessary)

_____

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D: ABOUT YOUR HEALTH – 2nd Person

It is essential that our residents are able to care for themselves and live independently.

30. Have you ever had symptoms or been diagnosed with any of the following:

- High blood pressure, high cholesterol, chest pain, angina, heart disease/abnormality or stroke? Yes ☐ ☐ No
- Diabetes or kidney disease? Yes ☐ ☐ No
- Liver or bowel disease? Yes ☐ ☐ No
- Lump, cyst, growth, tumour or cancer? Yes ☐ ☐ No
- Multiple sclerosis, numbness or tingling, paralysis, or any disorder of the central nervous system? Yes ☐ ☐ No
- Mental or nervous disorders (including anxiety depression or stress) ? Yes ☐ ☐ No
- Alcohol or drug dependency? Yes ☐ ☐ No
- Any other medical condition? Yes ☐ ☐ No
- Are you a smoker? Yes ☐ ☐ No

If you have answered yes to any of the questions above, please provide further details of your health problems (use a separate sheet if necessary)

_____

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The Governors may wish to seek further information about your general health.

Please give details of your General Practitioner(s) below:-

Person 1

Doctor's Name: _____

Address: _____

_____

Tel No. _____

Person 2

Doctor's Name: _____

Address: _____

_____

Tel No. _____

E: CRIMINAL CONVICTIONS

31. Have you ever been convicted of a criminal offence?
(You do **not** need to tell us about **spent** convictions)

Person 1 Yes ☐ ☐ No

Person 2 Yes ☐ ☐ No

Nature with details of offence(s) and date(s) of convictions

_____

_____

_____

F: ABOUT YOUR FINANCIAL CIRCUMSTANCES

32. Do you own your home? Yes / No

If yes please provide an estimate of **present** market value £_____

33. Do you own any other property? Yes / No

If yes, please provide an estimate of **present** market value £_____

Please provide details of property_____

_____

34. Have there been any significant changes in your finances in the last 7 years? (For example, a sale of a property which you had previously owned? Or a dividing up of family savings?) Yes/No

If yes, please give details at section G or on a separate sheet of paper.

35. What is the total amount of your (joint) savings? £_____

36. Please give details of your income from all sources:
(Please state whether weekly or monthly)

State pension £_____ per week/month

Housing or other benefits £_____ per week/month

Occupational pension £_____ per week/month

Investment income £_____ per week/month

Earnings £_____per week/month

Other source (please state):_____ £_____per week/month

Total weekly/monthly income £_____

Do you have any outstanding debts? (Please state)_____

_____

37. Do you need advice about claiming benefits or other financial issues?

Yes / No

G: PREVIOUS ACCOMMODATION

38. Have you ever been asked to leave your home? Yes / No

If yes please give details:_____

_____

39. Have you ever had a history of anti-social behaviour or disputes with neighbours? Yes / No

If yes please give details:_____

_____

_____

G. FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION.

40. Please use this section to provide us with any further information that you feel would support your application. (Please continue on a separate sheet if necessary)

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H - Declaration to be signed by all applicants:

I understand that if I am appointed as a beneficiary I shall not be a tenant. Any weekly sum I pay will be a contribution to the maintenance of the property and the services provided and not rent.

I understand that I must not be in paid employment whilst I am a beneficiary of the Charity except as may be agreed by the Charity in writing.

I confirm that I am not related by blood or marriage to any of the Governors or employees of the Charity.

I give consent to you obtaining information from my General Medical Practitioner and to my General Medical Practitioner disclosing information to you.

I authorise St John & St Anne to make any enquiries necessary in connection with this application, including enquiries of statutory agencies, police and any voluntary agency which might be providing me/us with advice and assistance.

PETS - Please be aware only caged birds and fish are allowed.

I declare that all the information given on this form is correct and complete.

First Applicant's signature _____

Please print name _____

Second Applicant's signature _____

Please print name _____

Date of application: _____

Please return the completed application form to:

The Clerk
St John & St Anne
Mill House
South Street
Oakham
LE15 6HY

Equal Opportunities & BME Monitoring Form

The information collected on this part of the application will be used for statistical and monitoring reporting purposes only to help us make sure we are dealing with all applicants fairly.

At no time will any individual be identified in this reporting.

The applicants describe themselves as:

	First Person	Second Person
White		
British	☐	☐
Irish	☐	☐
Any other white background (Please specify)	_____	_____
Black or Black British		
Caribbean	☐	☐
African	☐	☐
Any other Black background (Please specify)	_____	_____
Mixed		
White and Black Caribbean	☐	☐
White and Black African	☐	☐
White and Asian	☐	☐
Any other Mixed background (Please specify)	_____	_____
Asian or Asian British		
Indian	☐	☐
Pakistani	☐	☐
Bangladeshi	☐	☐
Any other Asian background (Please specify)	_____	_____
Chinese	☐	☐
Any other ethnic group (Please specify)	_____	_____
Prefer not to say	☐	☐

	First Person	Second Person
Gender		
Male	☐	☐
Female	☐	☐
My religion is:		
Christian	☐	☐
Buddhist	☐	☐
Hindu	☐	☐
Muslim	☐	☐
Sikh	☐	☐
Jewish	☐	☐
None	☐	☐
Prefer not to say	☐	☐
Any other religion (Please specify)	_____	_____
I consider myself to be disabled or have disabilities	☐	☐
My sexuality is:		
Heterosexual	☐	☐
Gay Man	☐	☐
Lesbian	☐	☐
Bisexual	☐	☐
Prefer not to say	☐	☐

Thank you for providing this information.