



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

SJSA is a Rutland charity providing accommodation for independent living to people who are elderly, in need and live in Rutland or need accommodation near relatives living in Rutland. We normally assess 'elderly' by reference to eligibility for the state retirement pension. We expect residents not to be in paid employment except as agreed by us in writing.

This form asks you to give us the information we need in order to assess whether your circumstances match these application criteria and to provide the basis for an appropriate ongoing relationship with the Charity if you become a resident.

This means that 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. We will hold and use this information in accordance with our data protection policy as outlined in the attached privacy notice. Some details may be checked with relevant organisations, but none will be disclosed for any inappropriate purpose. By signing and submitting this application, you consent to such necessary checks being carried out and to our holding and using your information. If you withdraw your consent, we will not be able to continue processing your application. You may have access to the personal information which we hold about you on request.

Are you applying for accommodation in:

Oakham

Uppingham

Either

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: Mobile: Landline

4. Email address (if applicable):

5. Are you; Single / Married / Widowed / Divorced (*circle as appropriate)

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

Date(s) of birth: 1st Person 2nd Person.....

7. National Insurance No: 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 do not have, or cannot access the essential rooms in your accommodation (eg kitchen or bathroom) please give details:

.....
.....

11. Do you feel that you are safe in your current home and that it is secure?

Yes / No * delete as appropriate

If no, please give details:

12. Is your home in need of repair?

Yes / No * delete as appropriate

13. Do you own your current accommodation?

Yes (then answer Q.14 - 17)

No (then move to Q.18)

14. What is the current value of this property?

£.....

15. Amount of mortgage currently paid

£per month

16. Value of Mortgage still outstanding

£

17. Is the property subject to any Equity Release agreement? If so,

What is the approximate value now owed £

In what year was the agreement entered into

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

.....

19. What are the terms relating to the renting of this property:

How much rent is charged? £ per month

What is the required notice period?

20. Are there any further details relating to this accommodation that will help explain your situation (eg the property is owned by a relative or it is tied accommodation linked to a job)?
.....

21. If you have sold any property within the past 7 years, then please state:

Date of Sale:
Value of sale:
Reason for sale

C. ABOUT YOUR FINANCIAL SITUATION

(Where a financial figure is required then mark "nil" if appropriate, please do not leave blank. Where marked * delete as appropriate)

22. Do you own any property other than that shown above? Yes / No *

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

Please provide details of property

23. Have there been any significant changes in your finances in the last 7 years? (eg an inheritance, a divorce settlement, or a partner moving into long term care?)

Yes / No* (If yes, please give details at section G or on a separate sheet of paper).

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

25. What is the total of your current (joint) debts, (Excluding any mortgage / equity release shown above) £.....

26. Detail any other regular outgoings e.g a Consolidated Debt agreement, the repayment of historic rent arrears, or Child Support Agency payments?

.....
27. Do you currently have income from paid employment. If so please state both the level of income and the nature of the employment (Use Section E if further detail is appropriate)

£..... per week / month Nature of employment

28. Please give details of your current income from all sources:

(* Please state clearly whether weekly or monthly)

State pension (joint) £ per week/month*

Occupational pensions (1) £..... per week/month*

(2) £..... per week/month*

Investment income £.....per week/month*

Other Earnings £per week/month*

Benefits (1) Housing benefit £.....per week / month*

Benefits (2) £.....per week / month*

Benefits (3) £.....per week / month*

Other source (please state): £..... per week/month*

Total weekly/monthly income* £

Is tax still to be deducted from any of the above? Yes / No / Unsure *

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

Yes / No*

D. ABOUT YOUR CURRENT CIRCUMSTANCE (*tick as appropriate)

		<u>1st Person</u>	<u>2nd Person</u>
30. Do you have and use a car?		<input type="checkbox"/>	<input type="checkbox"/>
31. Do you have and use a mobility buggy?		<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have and use a wheelchair?	Yes all the time	<input type="checkbox"/>	<input type="checkbox"/>
	Only indoors	<input type="checkbox"/>	<input type="checkbox"/>
	Only outdoors	<input type="checkbox"/>	<input type="checkbox"/>
	No, never	<input type="checkbox"/>	<input type="checkbox"/>

33. Do you have any of the following mobility problems?	<u>1st Person</u>	<u>2nd Person</u>
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>
Climbing a step	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you require any support with communication?		
Reading	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
Language/Translation	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

36. 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*

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

Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide brief details:

Type of care/support provided:

Company/Organisation:

Contact Name: Tel No

Please explain how this is arranged (eg by Social Services) and paid for (eg self

funded, or through a self-directed individual budget).

.....

38 Do you have a named Social Worker?

Yes

No

If yes, please provide brief details:

Local Authority:

Contact Name:Tel No

39 Do you receive support with daily living tasks via regular contact from your family/friends?

Yes / No*

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

Name Name.....

Address
.....

Tel: Tel:.....

Relationship..... Relationship.....

41 Would they assist in case of illness or other emergency?

Yes/No*

Yes/No*

42. Do you currently have any of the following in place?:

Lasting Power of Attorney (Property & Financial Affairs).....

Lasting Power of Attorney (Health & Welfare)

A valid will.....

(NB. Other than stating “Yes” or “No” you are not required to provide any further details to Q.42 unless you wish to do so)

E; CRIMINAL CONVICTIONS

43. 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: PREVIOUS ACCOMMODATION

44. Have you ever been asked to leave a previous home? Yes / No*

If so please explain the circumstances surrounding this.....
.....

45. Have you ever been involved in anti-social behaviour or disputes with neighbours?

Yes / No*

If yes please give details
.....

G. FURTHER INFORMATION IN SUPPORT OF YOUR APPLICATION.

46. 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)

.....
.....
.....
.....

H: ABOUT YOUR HEALTH –

It is essential that our residents are able to live independently, with a care package if necessary. So that your situation can be understood please answer the following questions in as much detail as is necessary

47. Do you believe you are able and willing to live independently, and are able to look after yourself and your accommodation?

48. Please give details of any significant illness, injuries or operations in the past five years:

49. Are you currently receiving any treatment for any illness and if so please give details below:

50. Are there any other health or social factors that you would wish the governors to take into consideration when assessing your application? if so please give details below

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. _____

I - 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 (unless declared above).

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

St John & St Anne Privacy Notice

Our form of Application for Accommodation and Assessment of Need requests you to provide certain personal information. We may also be provided with information relating to your application by other relevant organisations, such as Rutland County Council.

You may also provide information verbally to our staff. This might include information provided by you to our staff in connection with your application, or when they are assisting you with claims and applications to third parties, such as Housing Benefit claims, and applications for mobility aids or adaptations.

This information is collected and used by us in order to assess your eligibility for almshouse accommodation and, if your application is successful, it will also be held and used by us in connection with the provision to you of almshouse accommodation.

CCTV for crime reduction has been installed at a number of locations where a need has been identified. Recordings are held for approximately thirty days and are only viewed in the event of an incident.

Under data protection laws, we are allowed to hold and use this information on the following grounds:

- Our legal obligations. For example, under the laws governing charities and our Royal Charter, we are only able to provide almshouse accommodation to applicants who fulfil certain criteria. The information we hold and use is required to enable us to assess your eligibility against those criteria.
- Our contractual obligations. For example, if your application is successful, we will provide almshouse accommodation under a Letter of Appointment and your acceptance of it, which together form a contract. The information we hold and use is required to enable us to discharge our contractual obligations to you.
- Our legitimate interests as an Almshouse Charity, a Registered Charity and a Registered Social Housing Provider.
- Your vital interests, for example in a health emergency.

Sensitive information, for example in relation to your health, and criminal record information is subject to special rules. In addition to the grounds

set out above, you consent to us keeping and using this information.

Some of your information may be checked with relevant organisations in order to confirm your eligibility for almshouse accommodation, but none will be disclosed for any inappropriate purpose. We may be required by the law to provide information, for example to the police, and in certain circumstances we may need to share information in order to protect our legitimate interests, for example a CCTV recording showing anti-social behaviour, or your vital interests, for example in the event of a medical emergency. Subject to this, we will not share your information with any third party, without first obtaining your permission.

All personal information held by us is held securely. If in paper form, it is kept in locked filing cabinets with restricted access. If in electronic form, it is encrypted, and access is password protected.

We only hold information as long as it is relevant and necessary for us to discharge our legal and contractual obligations.

Under data protection laws, you have the right to ask us:

- To provide free copies of the information we hold about you.
- To correct any incorrect or incomplete information that we hold about you.
- To withdraw your consent to our keeping and using your personal information.

In certain specific circumstances, you may be entitled to ask us:

- To erase your personal information.
- To restrict the use of your personal information.
- To cease using your personal information.
- To transfer your personal information to you or a third party.

Any requests, any queries about the information which we hold or this Privacy Notice, or any complaints about our use of your personal information, should be addressed to the Clerk to the Governors, our Data Protection Officer, at our offices, Mill House, South Street, Oakham LE15 6HY.

You also have the right to complain to the Information Commissioner if you are unhappy with how we have used your data. They can be contacted at The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow SK9 5AF.

Equal Opportunities & Diversity 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:

	<u>First Person</u>	<u>Second Person</u>
White		
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Any other white background (Please specify)	_____	_____
<hr/>		
Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background (Please specify)	_____	_____
<hr/>		
Mixed		
White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mixed background (Please specify)	_____	_____
<hr/>		
Asian or Asian British		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background (Please specify)	_____	_____
<hr/>		
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Any other ethnic group (Please specify)	_____	_____
<hr/>		
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

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.

Helping older people to maintain their independence within caring & secure communities

The Hospital of St John the Evangelist and of St Anne in Okeham, Registered Charity Number 218931