



<b>APPLICATION FORM FOR RESIDENTIAL / NURSING CARE</b>			
<b>APPLICANT DETAILS</b>			
<i>FULL NAME of Applicant</i>		<i>Maiden Name (if applicable)</i>	
<i>Title:</i>	<i>NI Number:</i> /    /    /    /    /    /    /    /	<i>Preferred Name</i>	
<i>Place of Birth</i>		<i>Date of Birth</i>	/  /
<i>Congregation</i>		<i>Date of Baptism</i>	/  /
<i>Address including postcode</i>		<i>Telephone No(s)</i>	
<b>REPRESENTATIVES, CONTACTS AND NEXT OF KIN DETAILS</b>			
<i>CONTACT NAME for primary point of contact</i>		<i>Relationship to Applicant:</i>	
<i>Address including postcode</i>		<i>Telephone No(s)</i>	
<i>e-mail address:</i>			
<i>Is this person a Jehovah's Witness?</i>	<b>Y / N</b>	<i>Is this person the Next of Kin?</i>	<b>Y / N</b>
<i>Is this the person completing this form?</i>	<b>Y / N</b>	<i>Does this person have Power of Attorney?</i>	<b>Y / N</b>
<i>CONTACT NAME for alternative contact</i>		<i>Relationship to Applicant:</i>	
<i>Address including postcode</i>		<i>Telephone No(s)</i>	
<i>e-mail address:</i>			
<i>Is this person a Jehovah's Witness?</i>	<b>Y / N</b>	<i>Is this person the Next of Kin?</i>	<b>Y / N</b>
<i>Is this the person completing this form?</i>	<b>Y / N</b>	<i>Does this person have Power of Attorney?</i>	<b>Y / N</b>
<i>CONTACT NAME for 2<sup>nd</sup> alternative contact</i>		<i>Relationship to Applicant:</i>	
<i>Address including postcode</i>		<i>Telephone No(s)</i>	
<i>e-mail address:</i>			
<i>Is this person a Jehovah's Witness?</i>	<b>Y / N</b>	<i>Is this person the Next of Kin?</i>	<b>Y / N</b>
<i>Is this the person completing this form?</i>	<b>Y / N</b>	<i>Does this person have Power of Attorney?</i>	<b>Y / N</b>

<b>OFFICE USE ONLY</b>	<i>Application Date:</i>	/  /	<i>Originally Applied:</i>	/  /
<i>Preferred Home(s)</i>	<i>Contacted by:</i>			/  /
<i>B / L / M / W</i>	<i>Assessment Needed:</i>	<b>Y / N</b>	<i>Initial Contact Date:</i>	/  /

APPLICATION FORM FOR RESIDENTIAL / NURSING CARE	
HEALTHCARE AND WELFARE NEEDS	
NAME of GP / Doctor:	
Address of Surgery including postcode	Telephone No(s):
NAME of Social Worker	
Address of Social Worker Office including postcode	Telephone No(s):
Give details of the diagnosis supplied by the doctor:-	
Give details of the applicants needs as detailed by the social worker:-	

We may need to obtain further details from healthcare / social services professionals to ensure that we are able to meet your individual needs. If you are aware of other relevant information, please supply this on a separate sheet.

**APPLICATION FORM FOR RESIDENTIAL / NURSING CARE****ABOUT THE APPLICANT**

What type of care are you applying for? (Tick all that are applicable):-

Permanent Care (Now): ☐ Permanent Care (in the future): ☐ Respite Care only: ☐  
Nursing Care: ☐

Which home(s) would be most suitable/convenient? (Tick all that are applicable):-

Blackpool: ☐ Leyland: ☐ Merthyr: ☐ Wigan: ☐

Current Accommodation:-

Another care home: ☐ Sheltered accommodation: ☐ Living alone: ☐ With Family: ☐

**PHYSICAL CIRCUMSTANCES**

	GOOD	AVE	POOR	Brief Details
Eyesight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Short Term Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long Term Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviour towards carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please give details of all diagnoses and health problems and any further information regarding physical circumstances and health of the applicant:

**APPLICATION FORM FOR RESIDENTIAL / NURSING CARE****FINANCIAL CIRCUMSTANCES**

We need to ask you about your capital, as this affects the admission procedure. If you (the applicant) have more than £22,000 in capital, you will most probably have to pay the costs yourself. (Though you may still be able to claim attendance allowance to offset some of the costs.) This is also true if you own property and it is not lived in by your husband or wife.

If you have less than £30,000 in capital and do not own your own property, you **MUST** obtain an assessment of your needs from your local Social Services, to see if they agree that you need residential or nursing care. If this applies in your case, please contact your local social services / adult care department if you have not already done so.

Do you (the applicant):-	Yes	No
- Own your own property?	<input type="checkbox"/>	<input type="checkbox"/>
- Have income from a private pension?	<input type="checkbox"/>	<input type="checkbox"/>
- Receive Pension Credit?	<input type="checkbox"/>	<input type="checkbox"/>
- Receive Attendance Allowance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been assessed by Social Services?	<input type="checkbox"/>	<input type="checkbox"/>

If Social Services agree to fund your care, please be aware that Social Services do not usually pay the full costs of your care. Part of the care will be paid for out of your pension (which Social Services will assess based on your income (including state pension, private pension, pension credit, disability allowance), and will advise both you and us how much this is) you will still be allowed a weekly amount to cover your own personal costs. You or your representative will need to negotiate with Social Services to obtain the required level of funding. If the combined funding from Social Services & your pension does not meet our costs, it may be necessary for your family to pay a "top-up".

Before we can admit you into our homes, there are various legal obligations which have to be met. This means that we will have to send you contracts and forms which will need to be completed before you are admitted to one of our homes.

Before admission **all** clothes must have labels **sewn** in to avoid loss/confusion during laundering.

Before processing your application, we will need to know the following:-	Yes	No
Will you be financing your own care costs?	<input type="checkbox"/>	<input type="checkbox"/>
If not, have you arranged financing with Social Services?	<input type="checkbox"/>	<input type="checkbox"/>
If so how much have Social Services advised you they will pay? £ _____ per week		
Have you spoken to your family about the possible need to pay "top-up"	<input type="checkbox"/>	<input type="checkbox"/>

I/We give permission for Jah-Jireh Homes to store, use & share personal data about me/us/the applicant with others and to contact others to obtain information in relation to this application and any subsequent stay in a Jah-Jireh Home.

**We cannot process your application unless it is signed.**

Signature(s) \_\_\_\_\_  
Must be the signature(s) of the applicant and/or power of attorney holder(s)

Jah-Jireh is a Charity and your support helps us in looking after our residents  
Donations can be sent by post, or by bank transfer / standing order to:-  
Jah-Jireh Donations, Sort Code: 01-09-51 Account No: 11619333