

This form should be completed by the person receiving care / support



homefindersomerset.co.uk Care Received

Form

Reference number: HR

Details of the person receiving care / support	
Applicants full name	
Current address (not correspondence address)	
About the care / support provided	
How many hours a week do you receive care / support?	
Do you pay for the care / support? Yes / No	
Are you in receipt of Personal Independence Payment? Yes / No Previously known as Attendance Allowance or Disability Living Allowance (Care component)	
Does anyone receive Carers Allowance for caring for you? Yes / No	
How many care / support providers do you have?	
Who provides the care / support you receive? Agency / Local Authority / Friend / Family member	
If family, your relationship to the person providing the care / support:	
Details of care / support provider	
(1) Full name	
Address including postcode	
(2) Full name	
Address including postcode	
Type and frequency of the care you receive	
Description	Frequency (please delete as appropriate)
Personal care - washing	None / Daily / Weekly / Monthly / Quarterly
Personal care - toiletry needs	None / Daily / Weekly / Monthly / Quarterly
Personal care - dressing	None / Daily / Weekly / Monthly / Quarterly
Personal getting in and out of a chair / bed	None / Daily / Weekly / Monthly / Quarterly
Personal care - assistance with eating / drinking	None / Daily / Weekly / Monthly / Quarterly
Administering medication	None / Daily / Weekly / Monthly / Quarterly
Any other care received (please detail below)	None / Daily / Weekly / Monthly / Quarterly
Type and frequency of the support you receive	
Cleaning	None / Daily / Weekly / Monthly / Quarterly
Washing and ironing	None / Daily / Weekly / Monthly / Quarterly
Cooking	None / Daily / Weekly / Monthly / Quarterly
Gardening	None / Daily / Weekly / Monthly / Quarterly
Shopping	None / Daily / Weekly / Monthly / Quarterly
Attending appointments	None / Daily / Weekly / Monthly / Quarterly
Assisting with finances (paying bills, banking etc.)	None / Daily / Weekly / Monthly / Quarterly
Emotional support	None / Daily / Weekly / Monthly / Quarterly
Please advise what emotional support you receive:	

How do you receive the emotional support? (please delete as appropriate):
 Text message / Email / Facetime / Telephone / Skype / Facebook / In person
 Other (please detail below)

Any other support received (please detail below)	None / Daily / Weekly / Monthly / Quarterly
--	---

Details of Doctor, Consultant, Keyworkers or other Health Professional involved:

Name	Address	Contact telephone number

Additional details

Please give any further details that are relevant to the care / support you receive.

My Declaration

- The information provided on this form is complete and correct and has been provided in support of my Homefinder Somerset application.
- I am aware and understand the partner local authorities and registered providers in Homefinder Somerset may share my personal information, including sensitive information
- I agree to tell the local authority dealing with my application immediately about any change in my circumstances.
- I understand if I knowingly or recklessly make a false statement:
 - (i) I could be removed from the housing register or lose any tenancy granted by one of the five local authorities or registered provider participating in Homefinder Somerset.
 - (ii) I may be committing an offence for which I may be prosecuted and for which I may receive a fine or a prison sentence.

Signature:	Date:
------------	-------