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| **Details of the person receiving care / support** |
| Application Number:  |  |
| 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 / Online /Facebook / In personOther https://somerset.abritasadmin.net/NovaWeb/Infrastructure/ViewLibraryDocument.aspx?ObjectID=829 (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 |
|   |   |   |
|   |   |  |
|   |   |   |
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| **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 that Somerset Council and the registered providers in Homefinder Somerset may share my personal information, including sensitive information
* I agree to tell Somerset Council 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 Somerset Council or one of the registered providers 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:  |