|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 person  Other 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: | |