**This form should be completed by the person wishing to move closer to facilities**

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 **Reference number:**

|  |
| --- |
| **Details of the person needing to move closer to facilities** |
| Applicants full name |  |
| Current address |  Postcode |
| Are you accompanied to your appointments? **Yes / No** | If another person attends appointments with you please advise of the following:Name:Address: Relationship to you: |
| **The facilities you currently attend** |
| Please detail the facilities which you currently attend: |
| **Facility** | **Address** | **How do you get there?** | **Frequency** |
| Hospital |  |  |  |
| Doctors |  |  |  |
| Nurse |  |  |  |
| Physio |  |  |  |
| Rehabilitation unit |  |  |  |
| Hospice |  |  |  |
| Treatment Centre |  |  |  |
| Other (please specify)  |
| **Transport** |
| How do you currently get to your appointments? |
| Can you drive? **Yes / No** | Does the person accompanying you to appointments drive? **Yes / No** |
| Do you have access to a vehicle? **Yes / No** | Does the treatment you are receiving affect your ability to drive? **Yes / No** |
| Is public transport available to the facility you attend?**Yes / No** | Are you able to use public transport? **Yes / No** |
| Do you have friends or family who can assist? **Yes / No** | Are there any other supporting agencies e.g. CVS which can assist with transport to the facility you attend? **Yes / No** |
| **Carers / Support Workers** |
| Do you have a carer or support worker? **Yes / No** | Do they assist you with transport? **Yes / No** |
| **Medical Conditions** |
| Does your medical condition affect how you can get to these facilities? If so, how? |
| Would your health improve by moving closer to facilities? If so, how? |
| **Additional details**  |
|  Please give any further details that are relevant    |
| **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:
1. 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: |