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

****

**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: | | |