

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



homefindersomerset.co.uk

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 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:
 - (ii) 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: