**EXTRA CARE HOUSING AT BURCHESTER COURT, WINCHESTER AVENUE, GRIMSBY**

**EXPRESSION OF INTEREST FORM**

This form is the first stage in the application and assessment process.

1. **Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Name** | **Surname** | **Date of Birth** |
| Main applicant |  |  |  |
| Joint applicant |  |  |  |
| Address |  | | |
|
|
| Post Code |  | | |

1. **Do you need support with any of the following?**

|  |  |  |
| --- | --- | --- |
| **Support need** (if you are applying as a couple please indicate care needs separately) | **Please tick those that apply** | |
|  | You | Your Partner |
| Getting into and out of your home |  |  |
| Climbing stairs |  |  |
| Getting to the toilet |  |  |
| Prompts with personal care |  |  |
| Using the bath |  |  |
| Getting dressed |  |  |
| Preparing a meal |  |  |
| Prompts with eating and drinking |  |  |
| Prompts with any medication |  |  |
| Housekeeping and shopping |  |  |
| Other: |  |  |

1. **What other health issues do you have?**

|  |  |  |
| --- | --- | --- |
| **Health issues** (if you are applying as a couple please indicate health issues separately) | **Please tick those that apply** | |
|  | You | Your Partner |
| Blindness or very poor eyesight |  |  |
| Deafness or very poor hearing |  |  |
| Difficulty with speech / talking |  |  |
| Depression or feeling sad |  |  |
| Anxiety issues |  |  |
| Memory problems |  |  |
| Diagnosis of dementia |  |  |
| Use a walking aid to get around the home |  |  |
| Use a walking aid to get around outside the home |  |  |
| Heart condition |  |  |
| Rheumatism or arthritis |  |  |
| Hip or knee replacement |  |  |
| Amputation or loss of use of a limb |  |  |
| Difficulty breathing - out of breath quickly |  |  |
| Other: |  |  |

1. **Care / Support – does anyone give you any care / support?**

|  |  |  |
| --- | --- | --- |
| **Care / Support Provider** | **Please Tick** | **If you have ticked yes, please tell us who they are:** |
| Relative living with you |  | Name: |
| Relative living apart from you |  |
| Friend/neighbour |  | Address: |
| Social services\* |  |
| Private Care\* |  |
| Other |  | Telephone: |

\* If you receive care and support from a care provider please tell us how many hours a week this amounts to?

|  |
| --- |
|  |

1. **Briefly what are your main reasons for wanting to move into Extra Care Housing?**

Include things like feeling unsafe, social isolation, unsuitability of current housing.

|  |
| --- |
|  |

1. **Other contact**

Would you like us to speak to your carer or a member of your family or any other person about your application? If so, please provide their details below:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |
|  |
| **Telephone number** |  |
| **Email address** |  |

1. **Signature**

We may need to contact your GP or Social Worker / Care Manager to get more information from them to help with your application. We may also be required to share this information with other housing providers and North East Lincolnshire Council to support your application for accommodation.

By signing below you are allowing us to share your information and contact your GP or Social Worker / Care Manager for more information.

Your signature ………………………………………………. (person with support needs)

Partners signature…………………………………………..

**Or** signature of person

with legal authority to sign ………………….…………………………………………

Name (printed) ……………………………………………………… Date …………………….