Application for Llys Ton Extra Care Housing

Guidance Notes for Initial Application Form

This form is for you to tell us about your needs and will help us to decide whether you qualify for Extra Care housing. Please check that you meet these criteria**;**

1. You should normally be aged 50 or over.
2. You should have a need for housing related support; such as support with letters, activities or contacts.
3. You should have a need for help with personal care on a regular basis. You will need to request a 'Social Services and Well-Being Wales Assessment' to identify your personal needs. Contact the Common Access Point on **01656 642279** or **contactassessmentreviewteam@bridgend.gov.uk**

Please return the form below to:

V2C office, Llys Ton, Waunbant Road, Kenfig Hill, CF33 6FD

Or you can request and return it by email:
Llystonapplications@v2c.org.uk

If you have any queries or require this form in another format, please contact V2C staff at Llys Ton on **01656 745666.**

Applicant Details

An Owner occupier	☐
In Private rented accommodation	☐
In Housing Association/ Social housing tenancy *If so, which landlord*	☐
Other *(state type of housing)*	☐

Name	

Address	
Postcode	
Date of birth	
National Insurance Number	
Telephone number	

Joint Applicant's Details

Please only complete this section if you are applying with a joint applicant. If you are the sole applicant, you may skip this section.

Name	
Address	

Postcode	
Date of birth	
National Insurance Number	
Telephone number	

Details of the person completing form if not the applicant:

Only complete if you are not the applicant

Name	
Address	
Postcode	
Date of birth	
National Insurance	

Number	
Telephone number	

Do you need help with any of the following?
Please highlight the answers that apply to you

Activity	**Do you need help?**	***Do you currently receive help?***	**Daily or Weekly**	**Who provides you with this care? eg Partner, Spouse, Friend, Carer**
Getting in and out of bath/shower				
Personal hygiene eg brushing teeth,				

shaving, washing body				
Dressing				
Preparing meals				
Helping with medication				
Shopping				
Cleaning				
Walking around your home				
Walking around outside				

Getting to the toilet				

If you have said 'yes' to any of the above, please give their name, relationships to you and telephone numbers of the people you see:

Name	Profession	Contact details

Do you have any health, hearing or sight problems and if so, how do these affect you?

In the case of an emergency evacuation, could you manage a flight of steps on your own? This is important so we know what floor you are able to live on.

Do you have the following in your home?	**Tick (✓)**
Telecare (assistive technology)	
Warden control	

In the case of an emergency evacuation, could you manage a flight of steps on your own? This is important so we know what floor you are able to live on.

Tick (✓)	
Yes	☐
No	☐

Extra Information

Do you have anything else you want to tell us?

Other Contact

Would you prefer us to speak to your carer or a member of your family about your application? If so, please give us their name and contact details below.

Name	
Address	
Telephone Number	
Relationship to you	

We may need to contact any necessary third parties to get more information from them to help with your application.

By signing below you are allowing us to share your information and contact any of these third parties for more information

Your signature
(Person with the care needs)

.....

Date: .....

Or

Signed on behalf of the person with care needs

Name: .....

Relationship: .....

Date: .....

Data Protection Act 1998 Notification Clause

All personal date is kept accurate and secure to prevent accidental loss, destruction or damage. The extent of the measures taken by Bridgend County Borough Council will

depend upon the sensitivity of the information. Personal data will not be kept longer than is necessary for their purposes.

You have a right of access to your personal data and the right to check and correct the information and may pursue or complaint on matters related to your personal data.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or protect the Council as permitted by law. If you want to know more about the information we have about you, or the way we use your information, you can request details by contacting:

Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

Office use only

Date received by V2C: .....

Date tenant visited: .....