

**C&C Direct Application for Sheltered Housing or General Needs Accommodation**

Please fill in this form clearly and return to:

C&C, Cecil House, 266 Waterloo Road, London SE1 8RQ

*\* Evidence Required*

**Applicant's Details**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Title: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status:

Single

Married

Widowed

Divorced

Current Housing Situation: Please tick:

Local Authority Housing	
Private Landlord	
Housing Association	
Owner/ Occupier/Tenancy Leaseholder	
Sharing with Relatives/Friends	
Residential Home	
Other (Please state)	
Size of current property	
How long have you been at this address?	

Current Tenancy Type: Please tick:

AST	
Assured Tenancy	
Secure Tenancy	
Starter Tenancy	
Licence	

What other housing waiting list are you on?

Please give reference number for any waiting lists you are on \_\_\_\_\_

Local Authority

Other Housing Association

Other waiting list

None

### **What type of housing are you looking for?**

Sheltered Housing

General Needs Accommodation

### **Financial Details**

#### **What is your net weekly household income?**

What are your total household savings and capital? \_\_\_\_\_

Are you in receipt of income support? Yes  No

Are you in receipt of Housing Benefit Yes  No

Are you in receipt of Attendance Allowance Yes  NO

### **Accommodation Requirements**

Please be aware that it is recommended that you are flexible with your requirements as we have a limited stock availability

1. What size of accommodation are you looking for? \_\_\_\_\_

2. What area(s) are you looking for? \_\_\_\_\_

3. What floor would you like to be on? \_\_\_\_\_

4. Do you have any pets?  
Yes  No

If yes please state \_\_\_\_\_

5. How many people are in your household to be housed? \_\_\_\_\_

## General Needs Applicants

Only answer the following section if you are applying for General Needs Accommodation

What is your present tenure? \_\_\_\_\_

What sort of accommodation is it? \_\_\_\_\_

Why is it unsuitable for you? \_\_\_\_\_

Do you or any one of those who live with you suffer from any illness or disability, which affects the type of housing you, need\*?

Yes  No

If yes Please specify:

\_\_\_\_\_

Do you have mobility issues\*? Yes  No

Do you use a wheelchair? Yes  No

## Sheltered Housing Applicants

Only answer the following section if you are applying for Sheltered Housing Accommodation

### Some questions about yourself and any help you may need

2. Why do you want to move to sheltered housing?

3. Do you currently receive any care services, i.e. home care, meals on wheels, etc\*?

Yes.....  No.....

If 'Yes', please specify

4. Are there any services you do not currently receive but would need if moving into sheltered housing?

Yes.....  No.....

[If 'Yes', proceed to question 5]

[If 'No', proceed to question 6]

**5. Can you do the following without help?**

(a) Use the toilet Yes.....  No.....

If 'No' is help available Yes.....  No.....

*Unable to use even with help/must use commode*

*Needs help, which is not available*

*Needs help, which is available*

(b) Use the bath or shower Yes.....  No.....

If 'No' is help available Yes.....  No.....

*Unable to use even with help*

*Needs help, which is not available*

*Needs help, which is available*

(c) Wash yourself Yes.....  No.....

(d) Get out of bed Yes.....  No.....

(e) Dress yourself Yes.....  No.....

(f) Eat and drink Yes.....  No.....

(g) Make light meals/hot drinks Yes.....  No.....

*Unable to cook a light meal*

(h) Collect pension/pay bills Yes.....  No.....

(i) Do housework and laundry Yes.....  No.....

*Unable to do housework/laundry*

(j) Take medication needed Yes.....  No.....

*If you have answered 'No' to any activities in question 5, we will need to refer you for community care assessment if appropriate.*

**6. Can you tell me the day, month and year?**

Yes.....  No.....

**7. Are you able to use household appliances safely?**

Electrical Yes.....  No.....

Gas Yes.....  No.....

**Some questions about ill health and disability**

**8. Do you have any medical conditions\*? (please list)**

**In order to ensure that sheltered housing will meet your requirements as far as possible, we may need to ask for more information about your medical and/or social care needs from somebody else, such as your G.P. This is so that any care services you might need now or in the future can be provided, and so that the Scheme Manager is aware of any difficulties you may need help with.**

**9. Please give the names, addresses and phone numbers (if known) of any of the following that you have contact with:**

G.P. ....

.....

Hospital (if currently receiving regular hospital treatment) - please give Department and Consultant

.....

.....

.....

Social Worker .....

Community Psychiatric Nurse .....

Voluntary Agency .....

Day Centre .....

Other .....

10. **Have you ever suffered from mental health problems?** ( or Anxiety - Depression)

Yes.....  No.....

If 'Yes', are you receiving support with this at present?

Yes.....  No.....

If 'Yes', from whom:

Name..... Tel. No.

Comments

11. **Do you have a history of alcohol dependency?**

Yes.....  No.....

If 'Yes', are you receiving support with this at present?

Yes.....  No.....

If 'Yes', from whom:

Name..... Tel. No.

Comments

12. **Have you ever been involved in any incidents of aggression or violence?**

*Victim or otherwise?*

Yes.....  No.....

If 'Yes', please tell us about this

13. (a) **Do you use a wheelchair** ( or mobility aids)

Yes.....  No.....

If 'Yes' please specify:

Indoors  ..... Outdoors

All the time  ..... Occasionally

**(b) Can you walk more than 100 yards without help and without stopping?**

Yes.....  No.....

**(c) Can you climb more than 5 stairs without help or discomfort**

Yes.....  No.....

Comments

**Some questions about social contacts**

**14. Would you be able to get out of your home without help?**

Yes.....  No.....

**15. How long ago did you last go out?**

Less than 7 days .....   
7 days - 1 month .....   
More than 1 month .....

**16. Have you socialised with other people or attended any social clubs or activities in the last two weeks?**

Yes.....  No.....

**17. How long is it since a friend or relative visited you, or you them? (Do not include Social Services Department staff or voluntary workers).**

Less than 7 days .....   
7 days - 1 month .....   
More than 1 month .....

**18. Who would you call on in an emergency?**

.....

**19. (a) Could you stay in your current accommodation with additional services, i.e. emergency alarm?**

Yes.....  No.....

**(b) If 'No', why is your accommodation unsuitable for you?**

.....

(c) Do you have a medical condition or disability which is made worse by your present housing, or could be helped if you moved\*?

Yes.....  No.....

**Communication**

20. How easy is it for you to hear, speak and understand English because of a language problem or disability?

- No problem.....
- Difficult but possible.....
- Impossible .....

21. **Floor Level**

**Ground floor flats are in short supply and you will need a medical recommendation to secure one. If you are willing to accept a higher floor level you will be re-housed more quickly.**

(a) What is the highest floor level you would live on with a lift? .....

(b) Is there any medical reason why you cannot live on any floor level with a lift, or why you must have a ground floor flat\*?

Yes.....  No.....

22. **Scheme/Area Preference**

**Have you a preference for any particular schemes or areas? (The more choices you make, the better are your chances of a quick offer).**

Preferences



## Verification Check List

Please provide the following documents in order for your application to be approved.

Photocopies are acceptable at the application stage but the original documents must be provided at assessment. You will also need to provide the verification for any of the questions above with a \*.

### Proof of identity and National Insurance number

Please provide documents from the list below, copies will not be acceptable at the assessment stage.

Passport (current and valid)	<input type="checkbox"/>
Driving Licence (current)	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>

### Other information: You need to bring with you when you come to your sign-up appointment:

Medical card	<input type="checkbox"/>
Proof of DWP benefits entitlements (including Housing/Council Tax)	<input type="checkbox"/>
Pension information and statements	<input type="checkbox"/>
Proof of any other income	<input type="checkbox"/>
Recent bank or building society statement	<input type="checkbox"/>
Council tax bill	<input type="checkbox"/>
GP contact details	<input type="checkbox"/>
Dentist contact details	<input type="checkbox"/>
Social worker contact details	<input type="checkbox"/>
National Insurance Number	<input type="checkbox"/>
Other care providers contact details (care and support agencies)	<input type="checkbox"/>
Wage slips (If in employment)	<input type="checkbox"/>

### National Insurance Numbers (NINO) - can be found on:

- \* JSA signing on card
- \* letters from the DWP, HM Revenue and Customs
- \* payslips or pension advice slips
- \* P45/P60
- \* National Insurance card

## **Proof of who is living at the address**

Please provide documentary evidence confirming residency for all the people declared to be at the address. Valid evidence includes:

- a letter or bill from a bank, utility company or similar confirming the name and address of the person concerned
- a letter from the Department for Work and Pensions or from HM Revenue and Customs
- for dependant children it could be Child Benefit, a letter from a school or nursery or a medical card

## **Proof of income**

**Earnings** - this means your last five payslips if you are paid every week, your last three payslips if you are paid every two weeks, or your last two payslips if you are paid monthly and includes cash payments received in the form of tips. If you or your partner are self-employed you will need to complete a separate self-employed form. We will send this to you.

**Other unearned income** - such as pension advice slips from a former employer, a maintenance order or income received from an annuity. We will also need to see proof of any money you receive from boarders, lodgers or sub tenants.

**Benefits, allowances, tax credits or pensions** - such as a current award notice or letter from the Department for Work and Pensions or HM Revenue and Customs confirming how much you get.

## **Proof of savings, capital and investments**

We need to see evidence for all savings, capital and investments that all occupants have:

- latest full bank statement
- building society or post office books
- National Savings Certificates, ISAs, stocks, shares and unit trusts
- if they have an online bank account, a printed statement will be acceptable

The evidence that you send must show details for at least the last two months.

Although we need to know the value of any Premium Bonds, cash or capital bonds that you may have you do not need to send proof of these.

## C&C Diversity Monitoring Form

### It is a requirement the information below is completed by the applicant

C&C is committed to ensuring equality of opportunity to all our tenants regardless of race, ethnicity, religion, sexuality, age, class, gender and disability.

The purpose of this form is to help us:

- Monitor access to our accommodation and services
- Identify areas for improvement

The information given below will be used for statistical purposes only.

#### Asian

Indian

Pakistani

Bangladeshi

Any other Asian background

(please write in)

#### Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background  
(please write in)

#### Gender

Male

Female

#### Black

Caribbean

African

Any other Black  
background  
(please write in)

#### White

English

Irish

Scottish

Welsh

Any other White  
background  
(please write in)

#### Chinese or other ethnic group

Chinese

Any other ethnic group  
(please write in)

Rather not say

#### Faith

Which group below do you most identify with?

No religion

Christian

Jewish

Other (please write in)

Baha'i

Hindu

Muslim

Rather not say

Buddhist

Jain

Sikh

#### Sexual orientation

How would you describe your sexual orientation?

Bisexual

Lesbian

Gay man

Other

Heterosexual or 'straight'

Rather not say

Thank you for completing this form.

**Assessor's Comments/Checklist**

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Name of Assessor(s) .....

Date and place of assessment.....

Referrals made to (include date) .....

.....

Assessor's additional comments .....

.....

.....

**Checklist**

Risk assessment completed (Sheltered Applicants only)      Yes  .....No

Has purpose of assessment been explained to applicant (Sheltered Applicants only)?      Yes.....       No....

Has role of C&C staff and services available been explained to applicant?      Yes.....       No....

Have service charges been explained?      Yes.....       No....

Is applicant in receipt of Housing Benefit?      Yes.....       No....

Has the use of duplicate/pass keys been explained?      Yes.....       No....

Approved by Area Manager?

Signed \_\_\_\_\_

Date \_\_\_\_\_

Comments

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Sheltered Housing Assessment  
RISK ASSESSMENT

This form must be completed as part of the sheltered housing assessment based on:

- The Referral information
- Referrer's risk assessment (if applicable)
- Any other relevant third- party information.

<b>Client's Name:</b>	<b>Assessment Officer:</b>
<b>Date of Completion:</b>	

IDENTIFIED RISK	YES	NO	REFERRALS MADE (if applicable)	Comments
Physical/mental health: confusion, memory problems, hoarding issues				
Medication: Takes more than 4 different types a day, confused about times of taking medication				
Mobility: Falls, transfers, unsteadiness, shuffles when walking				
Substance misuse: drugs, alcohol, alcohol with medication				
Violence: Physical, verbal aggression to others, from others, harassment				
Harm: Neglect, isolation, vulnerability to abuse				
Other				

Assessment Officer's Signature:  
Date:

**Assessment for Sheltered Housing**

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**In order for us to assess your application fairly, we may need to contact your doctor or any of the agencies you have mentioned during your assessment.**

**Please sign below to give us your permission to ask your doctor or other agencies for information about your tenancy, medical and/or social care needs and to confirm that the information in this assessment form is correct. A copy of the information on this assessment form will be given to the manager if you move into sheltered housing.**

**Signature.....**

**Date.....**

Assessment copy

**Assessment for Sheltered Housing**

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**Assessment officer.....**

**Signature.....**

**Date.....**

Applicants copy