

# Care homes application form

## Section A: Personal Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>
Forename	<input type="text"/>		Surname	<input type="text"/>
Marital Status	<input type="text"/>		Date of Birth	<input type="text"/>
Telephone	<input type="text"/>		NI Number	<input type="text"/>
Home Address	<input type="text"/>			
Current Address (e.g. Hospital)	<input type="text"/>			

## Section B: Care Requirements

Which of the following homes would you prefer? (You may choose more than one)

St Raphael's ☐

Marian House ☐

Lennox House ☐

How soon would you like to move into a care home?

As soon as possible ☐

1 - 3 months ☐

6 months ☐

1 year ☐

How did you hear about Viewpoint care homes?

You can apply for more than one care home.

## Section C: Income

Does anyone have legal responsibility for dealing with your finances? If yes, please provide their name, address and telephone number.

Yes ☐

No ☐

Please note it is necessary to provide evidence of income and capital/assets along with this application i.e. a letter from your solicitor/financial advisor or Power of Attorney.

State Pension	<input type="text"/>	p/w	Attendance Allowance	<input type="text"/>	p/w
Occupational Pension	<input type="text"/>	p/w	Other Income	<input type="text"/>	p/w
Total value of your assets (including the value of your home)				<input type="text"/>	

We need to know about your income and ability to meet the fees. Whilst we can accept applications from people who cannot meet the fees themselves and are eligible for assisted funding from the Local Authority, we can only accept a restricted number of people into our care homes on this basis. This is due to the fact that currently the level of assisted funding from the Local Authority does not meet the actual costs of providing the service. A place will be offered in the first instance to those who can meet the room fees from their income, or to existing Viewpoint tenants. We require evidence that an applicant has sufficient income to meet the room fees for a 3-year period. Your solicitor or your bank or someone who has responsibility for your finances such as a Power of Attorney can provide evidence.

## Section D: Current Care and Health

Do you need help with?	None	Some help	Need a lot of help
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing/Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use a Stick/Zimmer/Wheelchair?

Do you use a hearing aid?

Do you get confused?

Are you registered blind?

Please list any medical conditions you have e.g. heart problems, arthritis, dementia, incontinence.

If you are in hospital or have been in hospital, please give reasons.

We need some information about your current care and support needs. A full assessment will be carried out by staff from the care home prior to any offer being made to ensure we can meet your needs.



## Section E: Personal and Nursing Care Funding

Have you applied to the Local Authority for an assessment to establish if you qualify for funding towards free personal care and or nursing care?

Yes ☐

No ☐

If yes, which social work centre is dealing with your assessment?

This section relates to funds, which are available under the Health and Community Care Act 2002—this is separate from what is known as assisted funding and is not means tested. The funds are administered by your local social work centre and they must assess your needs to establish if you will qualify for the funding. This money is paid directly to Viewpoint and is deducted from the room fees leaving you to pay the balance. If you are currently in receipt of Attendance Allowance, this will cease if you start to receive free personal and/or nursing care funding. It is advisable to speak to your local social work centre about applying for the funding at the same time as making this application to Viewpoint to allow time for the assessment to be carried out. Please note that we cannot hold a room vacant on the basis that an assessment for free personal or nursing care funding has not been carried out.

## Section F: Emergency Contact Details

Next of Kin/  
Emergency  
Contact

Name

Day tel

Email

Address

Power of  
Attorney

Name

Day tel

Email

Address

Lawyer

Name

Day tel

Email

Address

Doctor

Name

Day tel

Email

Address

Social  
Worker

Name

Day tel

Email

Address

We ask you to supply contact names for emergencies.



## Section G: Declaration

Are you related to any Viewpoint Board member or employee or anyone who held such a position within the last 12 months?

Yes ☐

No ☐

If yes, please provide their name

Signature of applicant

Date

Please complete the section below if you want us to contact someone else about this application on your behalf.

Name

Address

Tel No. (Home)

Tel No. (Other)

You need to sign the form. If there is someone helping you and acting on your behalf and you want us to contact them please include their contact details.

Once we receive your completed application form, we will contact you to confirm you have been placed on the waiting list. We may contact you if we require clarification on anything on the application form. We will not carry out a full assessment of your needs until a suitable place becomes available in the care home of your choice.

It is important you let us know of any changes in circumstances that may affect the application, particularly the contact details.

Please return your completed application form to the home of your choice:

Marian House  
7 Oswald Road  
Edinburgh, EH9 2HE  
0131 668 4743

Lennox House  
22 Lennox Row  
Edinburgh, EH5 3JW  
0131 552 5774

St Raphael's  
6 South Oswald Road  
Edinburgh, EH9 2HG  
0131 667 3601

[viewpoint.org.uk](http://viewpoint.org.uk)