

Self Assessment for Retirement Living

Applicant/s Details

(1) Name..... D.O.B.....

(2) Name..... D.O.B.....

Current Address.....

Telephone NumberEmail:.....

This self assessment details some housing related support tasks and will help you to decide whether you require Retirement Living accommodation and us to determine whether Retirement Living is right for you. There is another section below that requires you to tell us why you want to move from your current home. If you require assistance to complete this form please do not hesitate to contact us.

Please use the space provided to tell us why you are leaving your current home:

Tick all that apply

Do you feel that your safety/security is at risk in your present property?	
Do you find it difficult to manage the property you have now?	
Are you feeling lonely/isolated in your present accommodation?	
Do you feel you may require help accessing other support agencies?	
Do you sometimes require help dealing with correspondence?	
Do you require help to complete housing or other social benefit forms?	
Do you want the assurance of knowing someone will monitor your general health and well-being?	
Are you currently in receipt of any of the following support: Social/Support Worker Drug & Alcohol Support Worker Community Psychiatric Nurse (CPN)	
Do you need assistance to get out of bed in the morning or get into bed at night?	
Do you need help with daily personal i.e.. washing, bathing, using the toilet)?	
Do you need daily help with domestic tasks (i.e. housework, meal planning, food preparation, medication prompting)?	
Do you have problems with weight bearing and walking without risk of falling?	

Every offer of Retirement Living accommodation is dependent on the outcome of a full Needs & Risk Assessment conducted by the Housing Officer at the point of offer.

Date form completed. _____

Where should correspondence be sent:

Applicant **Other** (if other please provide details of contact)

For Office Use only:

Section 1

NHH

NHDC

Howard Cottage

Please tick

Has applicant registered with CBL? YES NO

Retirement Living

Acknowledgement letter sent: YES NO

Forwarded to Flexi Care: YES NO

Signposted to other service: YES NO

Name of service _____

Please ensure that the appropriate Neighbourhood office is notified of which service to register applicant.