

London Borough of Waltham Forest

SHELTERED HOUSING FORM

If you cannot complete this form please ask someone to help you or contact the address below.

We have sent you this form because you may be thinking about Sheltered Housing. We have also attached information on whether you qualify. Once you have read this, and if you are happy you meet the criteria, complete this form as fully as you can.

Once we have the information we need, your application will go to the Sheltered Housing Panel. If the panel needs further information we will advise you or let our social worker know.

If your application is agreed you will go on the waiting list for the property that best meets your needs.

PLEASE NOTE THAT WE OPERATE A ONE OFFER POLICY

If your application is agreed you will be able to apply for any of the vacancies advertised on a weekly basis in our Choice Homes magazine. We will provide you with any help you need in bidding for the property of your choice.

Please return this form to:

**Housing Registration
Cedar Wood House
2D Fulbourne Road
Walthamstow
London
E17 4GG
Tel: 020 8496 3000**

Sheltered Housing Referral Form

Section One: Personal Details

**1. Full Name and Address
(Including postcode)**

Title Mr/Mrs/Ms/Other

Date of Birth

Telephone Number

Are you in full time employment

YES

NO

1.2. If there are two people applying, give details of the second applicant.

**Full name and Address
(Including postcode)**

Title Mr/Mrs/Ms/Other

Date of Birth

Home Phone Number

Mobile Phone

Relationship

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Section Two: Your Home and Current Situation

If you own your own home, there may be other options for you depending on the value. Please attach an estate agent's valuation

2.1. How many bedrooms do you have for the sole use of people listed on this form?

2.2. If you are sharing facilities, is it with people other than members of your immediate family? YES NO

If yes please state which facilities you are sharing and with whom

2.3. Is your property in poor condition? If so please specify

2.4. Why did you apply to Waltham Forest for Sheltered housing?

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2.5. Are you currently facing difficulties? e.g. harassment, neighbour nuisance, domestic violence, family breakdown, homelessness, lack of support, eviction by a court from your home etc.

Section Three: Your Health and Mobility

3.1. Are you or any member of your household (as detailed in section one) disabled? YES NO

3.2 Details of disability (or health problem) and for how long

Do you have difficulty with your hearing? YES NO

Do you have problems with your sight? YES NO

Do you have problems with speech? YES NO

Do you suffer from incontinence? YES NO

Do you have difficulty breathing? YES NO

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3.3. Please give details of any prescribed medication being used. If you attend an interview please bring with you your current prescription or any medicines that you are taking.

Name of Medication	How often taken

3.4 Please give details of any hospital treatment you have received for your disability or health problem(s).

Name of Hospital	In-Patient	Out- Patient	Type of Treatment	Last time attended/ admitted

3.5. Do you have problems with mobility? YES NO

Do you have difficulty walking? YES NO

If YES are you able to walk unaided? YES NO

Do you use a STICK CRUTCHES FRAME

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Can you walk $\frac{1}{2}$ miles plus
 $\frac{1}{4}$ mile
100 yds
10 yds

Are you able to stand unaided? YES NO

3.6 Do you have a wheelchair? YES NO

If YES, do you use it:

Outdoors Only Indoors Occasionally Indoors Always

3.7. Please give the following information about your mobility. (This will help us to assess what type of accommodation you need)

a) Can you climb one flight of stairs?

YES NO WITH DIFFICULTY

b) Can you climb more than one flight of stairs?

YES NO

c) Can you manage a few steps?

YES NO

3.8. Do you have problems using lifts? YES NO

If YES please give reasons and if you have received any treatment:

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3.9. Can you carry out the following tasks?

Task	Able to do	Unable to do	If unable to do this who assists you?
Use a bath			
Use the toilet			
Wash/dress yourself			
Housework			
Cooking			
Shopping			
Laundry			
Do Gardening			
Use public transport			
Drive a car			
Get in/out of a car			

3.10. Do you receive any of the following benefits and what Rate?

A) Do you receive Incapacity Benefit? YES NO

B) Disability Living Allowance (Care) Higher Middle Lower

C) Disability Living Allowance (Mobility) Higher Lower

D) Attendance Allowance (65 & over) Higher Lower

IF YOU ARE IN RECEIPT OF ANY OF THE ABOVE, PLEASE SUPPLY PROOF:

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3.11. Are there any reasons why a particular type of accommodation would not be suitable for you on disability/health grounds?

Section Four: Support Needs

4.1 Please let you know if you get any of the following help. If you do, say how often you receive this help.

	1 st Applicant no. of times per wk	2nd Applicant no. of times per wk
Meals on wheels/frozen meals Scheme		
Luncheon Club		
Day centre		
Home Help		
Neighbourly help		
District Nurse		
Respite Care/home based Respite /respites grant		
Community Psychiatric Nurse		
Health Visitor		
Volunteer Visitor, E.g. Age Concern		
Family Support		
Other - please specify		

4.2 Do you understand the nature of the type of accommodation /scheme for which you are applying? YES NO

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4.3 Do you understand the nature of the support service provided?

YES

NO

4.4 Do you understand the role of the Scheme Manager?

YES

NO

4.5 In Sheltered housing, scheme managers offer housing-related support services. Please indicate your support needs (tick box)

- Help in setting up and maintaining a home (e.g. buying furniture/equipment, getting gas /electricity connected, dealing with minor repairs/replacements)
- Help in developing social skills/confidence or with managing behaviour
- Help in developing domestic and practical skills (e.g. learning to cook, shop, clean do washing etc)
- Advice, advocacy and liaison with statutory agencies
- Help in managing finances and dealing with benefit claims
- Emotional support, counselling and advice
- Help in gaining access to other services (e.g. enrolling in training or education, attending job centre)
- Help in establishing social contacts and activities
- Help in establishing personal safety and security
- Supervision and monitoring of health and well-being
Peer support and befriending
- Help in finding other accommodation

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4.6. Do you need housing-related support due to any of the following?
(Please tick)

	YES	NO
Mental health needs	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse problems	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Street homelessness	<input type="checkbox"/>	<input type="checkbox"/>

What support will you need in dealing with the above? (i.e. counselling, general advice, emotional support etc)

4.7. Give us the name, address and telephone number of your next of kin.

(If there are two people applying do not give the name of the second applicant here)

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If you would like to move closer to this person, please tell us what sort of help they will give you.

Section Five: Accommodation Required:

5.1. Number of bedrooms required

5.2. Do you require a wheelchair accessible property? Please give details.

5.3. Some of our sheltered housing type is studio.
Please confirm if you are prepared to accept this

YES

NO

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5.4. Do you need to be on the ground floor?

YES

NO

Why?

5.5. Do you need to live in a block with a lift?

YES

NO

Why?

Sheltered housing is part of our Choice based lettings scheme.

5.6. Are you able to bid for properties under Choice based lettings?

YES

NO

If you have someone who can support you to bid for properties please give their details.

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Section Six: Additional Information

6.1. Is there anything else you wish to tell us?

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Date Protection Act: I agree to my personal information being processed by LBWF for the purposes of dealing with my housing application and to LBWF storing this information should I become an LBWF tenant. I also understand that some information may be used for statistical purpose.

I agree that the Association can make enquiries to check the information I have given.

Applicant's Signature

Date

Partner's / Carers Signature

Date

Application completed by

Date

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Social Services

Social Work Report

Please attach overview Community Care Assessment, REO Core Assessment/
contact assessment if this has not been progressed to overview

Completed by: _____

**Team
Manager:** _____

Team: _____

**Please note the Community Care Assessment will be shared with the
Housing provider**

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For Office Use Only

Date 5 copies of form sent to Housing Registration: _____

**Date of
Panel:** _____

**Application
number** _____

**Agreed
for:** _____

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NOTES FOR WAITING LIST APPLICANTS (To be completed and signed by all applicants)

Reference number:.....

Since the introduction of the ASYLUM and IMMIGRATION BILL in July 1996, Local Authorities are now responsible for screening applicants' status before consideration can be given for social housing.

Are you a person from abroad YES NO

If so, please complete the following:

1. When did you enter the UK

2. Are you subject to immigration control YES NO

3. What is your status?

4. Have you been given extended or exceptional leave to remain in this country? If so - until when?

5. Are you still waiting on a decision for the Home Office about your status? YES NO

6. Which country do you mainly reside in?

PLEASE SUPPLY A COPY OF THE LATEST CORRESPONDENCE YOU HAVE RECIEVED FROM THE HOME OFFICE CONCERNING YOUR REFUGEE STATUS.

PLEASE NOTE: WE CANNOT PROCEED WITH YOUR APPPLICATION UNTIL WE RECEIVE THIS DOCUMENTATION.

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DECLARATION

I declare that to the best of my knowledge and belief, the information given in this application is correct in every detail. I understand that it is an offence to give false or misleading information or to withhold relevant information to circumvent or obtain housing under the 1985 Housing Act.

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds, solely for this purpose.

I/we hereby given permission to the London Borough of Waltham Forest to contact any agency, organisation, department or individual they consider appropriate to obtain confidential information held about me in so far as that information is reasonably required by them for the purposes of investigating my application to them for housing

1st applicant..... Date.....

2nd applicantDate