



Chorley Council

Extra Care

Application form

Details:

Applicant 1

Applicant 2

	Applicant 1	Applicant 2
Title		
First Name		
Date of Birth		
Middle Name		
Last Name		
Telephone		
Email		
Address		

Nationality		
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Medical Information

Applicant 1

Applicant 2

GP name (if known)				
Surgery address				
Surgery telephone				
Are you seeing any hospital consultants? (If yes please give their details below)	Yes	No	Yes	No
Consultants name				
Hospital address				
Hospital telephone				
Please list any other professional people who support you. (eg Occupational Therapist, Social worker etc.)				
Telephone				
Do you receive Disability Living Allowance, Attendance Allowance or	Yes	No	Yes	No

Personal Independence Payments?				
If yes please indicate at what level				

Applicant 1

Applicant 2

Please list all medication taken on regular basis or attach a copy of your repeat prescriptions.

What medical conditions do you have and how long have you had these conditions? Please us a separate sheet if required.

List medical conditions	Time	List medical conditions	Time

Do you consider yourself to have a disability? If yes please specify type of disability Learning / Physical / Sensory Mental Health Registered Blind Multiple Needs		
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Do you receive care? If yes please indicate number of hours each week care is received.

Have you ever had an Adult Social Care Assessment
(Assessment of care needs)

Yes

No

Yes

No

What makes your present home unsuitable and how does this affect your health? You should only indicate reasons where your health would improve if you moved home. Please give examples of how this affects your day to day life?

How would a move to a new home be more beneficial to your health or managing your daily life than remaining in your present home?

Please state your household income and how much is received.

What is your local connection to Chorley?

Please circle one or both scheme(s) you would like to be considered for

Primrose Gardens

Tatton Gardens

Declaration

Please note: it is your responsibility to provide Chorley Council with the information we need to make an accurate assessment of your medical condition. Chorley Council will not be responsible for any costs incurred in obtaining this information from your GP or consultant, and we cannot request this information on your behalf.

Data Protection: The information that you have provided us in this medical questionnaire is regarded as personal sensitive data by the Data Protection Act 1988. By law you must give us your explicit consent to use this information. The reason we request this information is to provide us with a clear understanding of your housing requirements and enable us to make an assessment on how your medical conditions affect your housing need.

Please sign below to confirm that you are happy for Chorley Council to use data about your specific health needs for these reasons.

Applicant 1 Signed		Date	
Applicant 2 Signed		Date	