DALKEITH HOUSE ☐   OBAN COURT   ☐
ROSEMARY COURT ☐   MAYFLOWER COURT ☐

Please indicate which scheme you are interested in, if there is more than one, please number 1-4 in order of priority

Application No: _____   **Date:** _____

Please complete the form as fully as possible. Should this form be required in another language please telephone 01325 405333

Full Name: _____   Date of Birth: _____

Address: _____   Telephone No: _____

_____

Name and address of your Doctor: _____

_____

Disability (please give details): _____

_____

INFORMATION ABOUT YOUR HOME: (Please tick appropriate boxes)

Is your home:

Bungalow	☐	Owner/Occupier	☐
House	☐	Privately rented	☐
Ground Floor Flat	☐	Housing Association	☐
Other	☐	Council	☐

Please specify: …………………………………………………………………………………..

INFORMATION ABOUT CARE/SUPPORT: (Please tick appropriate boxes)

Do you receive help from:

Relatives   ☐   Friends   ☐   Neighbours ☐   Other Agencies ☐

Please specify: …………………………………………………………………………..……….

Frequency: ……………………………………………………………………………………….
_____

DO YOU RECEIVE ANY OF THE FOLLOWING SERVICES:

Home Care Support	☐	Other: _____
Meals on Wheels	☐	Do you have a named Social Worker:
Day Care	☐	_____(name)

Please state frequency: _____(frequency)

GETTING AROUND	YES	NO	STATE EQUIPMENT USED OR HELP REQUIRED
Can you use public transport?			
Do you drive a car?			
Can you walk easily on level ground?			
Do you use a wheelchair indoors?			
Do you use a wheelchair outdoors?			
Can you climb the stairs?			
Can you climb steps outside?			

DAILY LIVING	YES	NO	STATE EQUIPMENT USED OR HELP REQUIRED
Can you get out of bed?			
Can you get up from a chair?			
Can you make a meal or snack?			
Can you make a hot drink?			
Can you carry food and drinks?			

PERSONAL CARE	YES	NO	STATE EQUIPMENT USED OR HELP REQUIRED
Do you need assistance to get in and out of the bath?			
Can you use a shower independently?			
Do you need assistance to use the toilet?			
Can you dress and undress by yourself?			

Are there any comments you or your carer(s) would like to add:

_____

_____

_____

_____

_____

Signed: **Date:**

_____

Please return to: Housing and Building Services, Town Hall, Darlington DL1 5QT
Tel: 01325 405333 or Fax: 01325 406197