Appointeeship Application

All fields marked * are required

Referrer Details

If you are referring a service user, please put your personal details here.

Referrer Name:*	
Referral Date:*	
Contact Number:*	
Email Address:*	
Occupation:*	

Service User Information

The personal details of the Client are to be put in here

Title *	
First Name *	
Middle Name:	
Surname: *	
NI Number: *	
Date of Birth: *	
Place of Birth*	
Status: (please tick)*	[ ] Single [ ] Cohabiting [ ] Married [ ] Divorced [ ] Widowed [ ] Other ________________________

Once the application has been received, we will send an email requesting supporting documents including all bill paying costings (outgoings). Please have them ready to send as this will unsure your application can be processed. Without these, your application will be delayed until the documentation has been received

Accommodation Details

Full Address: *	
Postcode: *	
Contact Name/Number: *	
Previous Address (if applicable)*	
Housing Category: *	[ ] Housing Association / Local Authority [ ] Private Landlord [ ] Supported Living Accommodation [ ] Residential Care Home [ ] Nursing Home [ ] Owns own home [ ] Other ________________________________
Current state of accommodation:	

Are any repairs required or anything needing to be provided?	

Landlord Name:*	
Address: *	
Contact Number:*	
Email Address: *	

Benefits Details

	Amount	Payment Frequency	Reassessment Date
State Pension (SP)*			
Pension Credit (PC)*			
Private or Occupational Pension			
Disability Living Allowance (DLA) Care			
Disability Living Allowance (DLA) Mobility			
Personal Independence Payment (PIP)			
Attendance Allowance (AA)			
War Widow's Pension (WWP)			
Income Support (IS)			
Job Seekers Allowance (JSA)			
Incapacity Benefit (IB)			
Employment & Support Allowance (ESA)			
Severe Disablement Allowance (SDA)			
Industrial Injury Disablement Benefit (IIDB)			
Widow's Pension (WP)			
Working Tax Credit			
Universal Credit			
Other			

Debts/Outgoings

Please identify any known debts that the client has (such as unpaid bills, any longer term debts that may have triggered the involvement of debt agencies):

Please list the last bill paid for each of the following:

	Amount*	**Payment Frequency***	**Payment Method***	**Provider***	**Account Number***
Rent/Mortgage*					
Gas *					
Electricity *					
Water *					
Telephone *					
Council Tax *					
Care Bill *					
TV Licence*					
Household Budget* (food, toiletries, cleaning)					
Sundries*(tobacco/cigarettes, transport, alcohol)					
Other					

Any items that the client needs to buy:

Care Provision

GP Surgery: *	
GP Address: *	
GP Contact Number: *	
Care Agency:	
Address:	
Contact Number:	
Contact Name:	
Email:	

Care Support Budget Details *

Requested Weekly Allowance for Activities (please detail any regular activities & cost) *

Is there a direct payment in place (if so how much is it for per week/month) *

Who manages the direct payment: Client, family/friend, managed payroll organisation (please give details) *

Who is funding this care: client, Local Authority, Health (please give details) *

Has a Financial Assessment been completed by the Local Authority (please give approximate date) *

Date of last care bill *

Service User Bank Accounts

Account Name: *	
Current Balance: *	

Overview of Service Users Circumstances

Has a Capacity Assessment been carried out? *	[ ] Yes [ ] No [ ] Unknown
Does the Client have a funeral plan? *	[ ] Yes [ ] No [ ] Unknown
Has the Client made a will? *	[ ] Yes [ ] No [ ] Unknown
Is there a Current Appointee in place? *	[ ] Yes [ ] No [ ] Unknown
Has any legal order been made from the Mental Health Act or the Mental Capacity Act including Deprivation of Liberty (DoL)? *	[ ] Yes [ ] No [ ] Unknown
Is the client part of a current safeguarding process as a result of concerns? *	[ ] Yes [ ] No [ ] Unknown
Has the client experienced fraud or financial scamming? *	[ ] Yes [ ] No [ ] Unknown

Vulnerability/Disability Diagnosis

Family/Friends Contact Details

Other Information:

Please provide any additional information that may assist us with supporting this service user. Please also refer to the accompanying Procedures and Policies Document as this will provide helpful information about our standard operating processes. Completed referral forms will be accepted as acknowledgement that this document has been read and understood.