Beis Pinchos Residential and Nursing Home

Schonfeld Square Homes Agudas Israel Housing Association Ltd



- 🧕 2 Schonfeld Square, London N16 0QQ
- esty.rakow@aihaltd.co.uk

S 020 8802 7477

020 8809 7000

RESIDENTIAL AND NURSING APPLICATION FORM

SECTION A - Personal Details:

Rabbi	Mr	Mrs	Miss	
Last Name:			First Name:	
Hebrew Name:				
Father's Hebrew Name:				
Mother's Hebrew	Name:			
Address:			Post Code:	
Telephone Numb	er:			
Email Address:				
Date of Birth:				
Place of Birth:				
National Insurance	ce Number	:		
Nationality:				
Languages Spok	en:			

SECTION B – Why you are making this application:

Please describe why you feel you would benefit Residential/Nursing Accommodation:

Which tasks do you mostly need help with?

Mobilising	Eating
Bathing	Laundry
Personal Hygiene	Dressing
Medication	Wound Care

Please give details of your medical condition:

Please list medication you are currently taking:

Cultural Specific:

Would you describe yourself as Orthodox Jewish – strictly observant of Shabbos and Kashrus?

Yes No

Which Synagogue do you attend?

It may be helpful if you give us the details of a local Rabbi or official who knows you well, that will be able to recommend your application to our Home:

Name:

Address:

Telephone Number:

Which Burial Society are you a member of?

SECTION C - About your Medical Support:

Do you have a Doctor?	No
Yes	No
If yes, please provide details:	
Name:	
Address:	
Telephone Number:	
Email Address:	
Would you be happy for AIHA s Yes	taff to contact your Doctor? No
Do you have a Social Worker? Yes	Νο
If yes, please provide details:	
Local Authority:	Organisation:
Name of Social Worker:	
Address:	
Telephone Number:	
Would you be happy for AIHA s Yes	taff to contact your Social Worker? No
Do you attend hospital?	
Yes	No
If yes, how often:	
Do you use any of the following	y services?
District Nurse	
Yes	No

Council Home Help	
Yes	No
Private Home Help	
Yes	No
Meals on Wheels	No
Yes	No
Do you attend a day centre?	
Yes	No
If yes, please provide details:	
Name:	
Address:	
Telephone Number:	
Please provide details of your	next of kin:
Name:	
Address:	
Telephone Number:	
Email Address:	

Relationship:

Please provide details if you have someone acting as your advocate:

Name:

Address:

Telephone Number:

Email Address:

Relationship:

SECTION D - About where you live at present:

SECTION D - About where you	i nve at present.			
Your current home:				
What type of property do you live in?				
House Flat				
			Other	Other
Floor Level:				
Please give details below:				
Number of living rooms:	Number of bedrooms:			
Is it Wheelchair accessible?				
Yes	No			
Does it have a lift?				
Yes	No			
Are you:				
A Private Tenant	An Owner Occupier			
A Lodger	A Council Tenant			
Living with family	Other			

Financial Income and Capital:

Please advise whether you ever owned any property:

Yes	No	
If the property was gifted;		
Year:		To Whom:
Are you related to the new o	wner?	
Yes	No	
Do you receive any state ber	nefits?*	
Yes	No	

If yes please state below the name of benefit and weekly amount received:

State Pension	£
Private Pension	£
PIP / DLA	£
Housing Benefit	£
Attendance Allowance	£
Annuity	£
ESA / Income Support	£
Restitution	£

*We may need to carry out a full financial assessment of your capital and savings.

Miscellaneous

Are you related to any member of Agudas Israel's Committee or staff?

Yes

No

If yes, please give details:

Equal Opportunities

In order to ensure the Association's continued development of its declared Equal Opportunities Policy, all applicants are asked to complete the following details. This information, which is used solely for monitoring purposes, is to ensure that we treat all applicants equally and fairly irrespective of their race, colour, ethnic or national origins and will not affect the outcome of your application.

Ethnic Origin:	Colour:
British	White
Asian	Black
Caribean	Mixed
South East Asian	
Irish	
African	
Orthodox Jewish	
Other Please State:	

I confirm that the above information is correct and understand that further information may be requested to support my application. I understand that completion of this application form does not guarantee me an offer of accommodation.

Signed:

Date:

- This form is not valid unless signed by the applicant.
- · Have you completed all questions of the application form?

Yes

· Has your GP completed the medical form?

Yes

No

No

If you require a hard copy of this application form, please contact the Receptionist at

Schonfeld Square on 020 8802 7477

FOR OFFICE USE:

Date received:

Date entered onto database:

Date letter of receipt sent:

Home visit: