

# Schonfeld Square Homes Agudas Israel Housing Association Ltd



📍 2 Schonfeld Square, London N16 0QQ

✉️ esty.rakow@aihaltd.co.uk

☎️ 020 8802 7477

📞 020 8809 7000

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## 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 Number:

Email Address:

Date of Birth:

Place of Birth:

National Insurance Number:

Nationality:

Languages Spoken:

## 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:

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### 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?**

Yes

No

If yes, please provide details:

Name:

Address:

Telephone Number:

Email Address:

Would you be happy for AIHA staff to contact your Doctor?

Yes

No

**Do you have a Social Worker?**

Yes

No

If yes, please provide details:

Local Authority:

Organisation:

Name of Social Worker:

Address:

Telephone Number:

Would you be happy for AIHA staff to contact your Social Worker?

Yes

No

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**Do you attend hospital?**

Yes

No

If yes, how often:

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**Do you use any of the following services?**

District Nurse

Yes

No

Council Home Help

Yes

No

Private Home Help

Yes

No

Meals on Wheels

Yes

No

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**Do you attend a day centre?**

Yes

No

If yes, please provide details:

Name:

Address:

Telephone Number:

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Please provide details of your next of kin:

Name:

Address:

Telephone Number:

Email Address:

Relationship:

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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:

### Your current home:

What type of property do you live in?

House

Flat

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

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### Are you:

A Private Tenant

An Owner Occupier

A Lodger

A Council Tenant

Living with family

Other

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### 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 owner?

Yes

No

Do you receive any state benefits?\*

Yes

No





**FOR OFFICE USE:**

Date received:

Date entered onto database:

Date letter of receipt sent:

Home visit: