



Fradel Lodge Agudas Israel Housing Association



📍 1 Schonfeld Square London N16 0QQ

✉️ Freda.Lipszyc@aihaltld.co.uk

☎️ 020 8802 7477

📄 020 8809 7000

August 2021

Dear Applicant

Thank you for expressing your interest in our scheme. Please find enclosed an application form for Fradel Lodge (Supported Living extra care scheme.)

If you have any queries please contact myself or Mrs Pesach. I can be contacted at freda.lipszyc@aihaltld.co.uk or **020 8802 7477**. Mrs Pesach can be contacted at hindi@aihaltld.co.uk or **07976 850 087**

**If you require a hard copy of this application pack, please
contact the reception at**

**Schonfeld Square on
020 8802 7477
who will post this out to you.**

Your Sincerely,

Freda Lipszyc
Supported Housing Manager

GUIDANCE NOTES

Please ensure you read and understand the following information before completing the application form.

What you should do

- Complete all questions on the application form, giving as much detail as possible. Failure to do so could result in the application being returned.
- If further information is required to complete this application please contact the Supported housing team on **020 8802 7477**.
- Sign and date the form.

WHAT HAPPENS NEXT?

- The information you provide will be used to make an assessment of your housing need.
- The Supported Housing Manager will arrange a home visit to assess your needs in Person.
- Following the assessment we will write to you when a decision regarding your application has been made.

INFORMATION

What is Housing for Older People

Housing for Older People are small, easy to manage properties grouped together in a community designated for people over age of 60. They are aimed at enabling people over the age of 60 with care needs to remain living within their community for as long as possible in a safe environment.

Type of Accommodation

All the properties in Fradel Lodge are designed to be easily accessible, with all properties being flats. All properties are self-contained providing tenants with their own private living space and front door.

Services available within Housing for Older People Accommodation

Each property is installed with a community alarm and linked in smoke detector providing a 24 Hour response service. There is also a communal area for the opportunity of social interaction with other tenants and people living in the local community. There are social activities organised on a regular basis.

If you are interested in Applying for our Housing for Older People please read the following criteria.

Criteria

Housing for Older People is applicable to people over the age of 60 and who are experiencing functional difficulties around their home and social isolation as a result of their health condition or disability. Please be aware Housing for Older People is subject to additional support charges. Please see attached leaflet 'Charging for Council funded or provided Support Services'.

How do I Apply for Housing for Older People?

You need to complete this Housing for Older People Application. You will need to provide details of your current circumstances and submit the form online. It is very important that you complete all the questions on the application and give us as much information as possible; this will help us to carry out an accurate assessment of your circumstances.

If you would like to receive a hard copy of this application pack, please contact reception at Schonfeld Square on **020 8802 7477**.

Who will assess my Housing for Older People Application

The assessment will be completed by the Supported Housing Manager. She will contact you or your representative to discuss your circumstances in more detail. This may be carried out by telephone, home visit or office appointment. On completion of the assessment the Manager will make recommendations in relation to your house type requirements as well as awarding a priority level. Following the assessment we will write to you when the decision regarding your application has been made.

If interested in applying for sheltered accommodation at Fradel Lodge we recommend you register an application form with Hackney Council Housing Department.

APPLICATION FORM

All information provided will be treated in the strictest confidence.

- Please answer all questions as fully as possible to help us consider this application.
- If this form is not fully completed we will not be able to carry out an assessment.
- This form should be completed by you, or someone who cares for you.
- **Your application for Fradel Lodge Supported living extra care scheme will not be considered until this form has been completed and submitted.**

Section 1: Information about the household member(s) applying for supported accommodation

Name of Main Applicant:

Date of Birth:

Current Address:

Telephone Number:

Name of GP:

Address of GP:

Telephone Number of GP:

Date of Birth:

Place of Birth:

National Insurance Number:

NHS Number:

Nationality:

Languages Spoken:

Please detail any health conditions or disabilities including physical and mental health

Name of Joint Applicant:

Date of Birth:

Are you a wheelchair user?

Yes

No

If YES, where do you use it

Indoors

Outdoors

Both

Current Address:

Name of GP:

Address of GP:

Email Address:

Telephone Number of GP:

Date of Birth:

Place of Birth:

National Insurance Number:

Nationality:

Languages Spoken:

Please detail any health conditions or disabilities including physical and mental health

Section 2: Existing Support Services

Do you, or your partner, receive help from a Social Worker or Health Professional?

Yes

No

If yes, please provide details

Local Authority:

Organisation:

Name of Social Worker:

Address of SW:

Telephone Number of SW:

Email Address:

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

Yes

No

Do you, or your partner, receive help from Community Nursing staff?

Yes

No

If yes, please provide details

Next of Kin (1):

Name:

Address:

Telephone Number:

Email Address:

Relationship:

Next of Kin (2):

Name:

Address:

Telephone Number:

Email Address:

Relationship:

Please provide details if you have appointed Power of Attorney for Property and Finances:

Name:

Address:

Telephone Number:

Email Address:

Relationship:

Please provide details if you have appointed Power of Attorney for Health and Welfare:

Name:

Address:

Telephone Number:

Email Address:

Relationship:

Please tell us if you have any difficulty with any of the following daily tasks;

01. Washing self

I can manage independently
If yes, please provide details

Yes, I receive help
How often do they help you?

02. Dressing self

I can manage independently
If yes, please provide details

Yes, I receive help
How often do they help you?

03. Cleaning and maintaining my home

I can manage independently
If yes, please provide details

Yes, I receive help
How often do they help you?

04. Preparing meals

I can manage independently
If yes, please provide details

Yes, I receive help
How often do they help you?

05. Taking prescribed medication

I can manage independently
If yes, please provide details

Yes, I receive help
How often do they help you?

06. Going out shopping

I can manage independently
If yes, please provide details

Yes, I receive help
How often do they help you?

07. Attending social groups/Shul

I can manage independently

If yes, please provide details

Yes, I receive help

How often do they help you?

08. Keeping in touch with family and friends

I can manage independently

If yes, please provide details

Yes, I receive help

How often do they help you?

09. Managing my money, paying bills

I can manage independently

If yes, please provide details

Yes, I receive help

How often do they help you?

10. Managing mail and correspondence

I can manage independently

If yes, please provide details

Yes, I receive help

How often do they help you?

Specialist Equipment: Please detail any medical equipment, for example hospital bed, mobile hoist, ventilator, oxygen etc and/or other specialist equipment, special seating, walking aid, that is currently used in the accommodation.

Please tell us if you have any difficulty within your current property with any of the following (please tick all that apply)

Climbing outside steps

Getting into rooms due to the width of the doors or hallways

Getting in/out of bath or shower

Climbing the stairs inside the accommodation

Getting on/off toilet

Other (please give details below)

Section 3: Information about your current accommodation

Current accommodation type (please tick all apply)

Sheltered Housing for Older People

Maisonette

Flat

House

Bedsit

Other (please give details)

Are you?

A private tenant

An owner occupier

A lodger

A council tenant

Living with family

Other (please give details below)

Are you a Housing Association tenant?

Yes

No

Which one?

Name of Local Authority

Have you applied to the Local Authority for re-housing?

Yes

No

Please provide details of your landlord:

Name:

Address:

Telephone Number:

Have you applied to other Housing Associations?

Yes

No

If yes, please state which one

Have you received a Notice Seeking Possession, Notice to Quit or Eviction Order?

Yes

No

If yes, please give details below and provide copies of relevant documents.

Section 4: Financial Income & Capital

Income sources. Please tick the relevant box and state weekly amount received.

State Pension £

Private Retirement Pensions £

PIP / DLA £

Housing Benefit £

Attendance Allowance £

Annuity £

ESA / Income Support £

Restitution £

Any other income £

Please specify

Section 5: Medical conditions

Medical history (please list all medical conditions)

Please list all medication you are currently taking

Do you have any medical condition and / or disability that might affect the suitability of accommodation offered to you?

Section 6: Cultural Specific

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

Which Synagogue do you attend?

Which Burial Society are you a member of?

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

Name:

Address:

Telephone Number:

Section 7: Equal Opportunities

In order to ensure AIHA'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 origin or national; origins. This will in no way affect the outcome of your application.

Ethnic Origin:

British

Asian

Caribbean

African

South East Asian

Irish

Orthodox Jewish

Other

Please State

Colour

White

Black

Mixed

Other

Please State

Section 8: Declaration

Please read this declaration carefully

- I confirm that the details I have given on this application form are true and accurate.
- I understand that if my circumstances change, I must tell the Fradel Lodge manager.
- I understand that if I give any false or misleading information, or do not provide relevant information, my application may be withdrawn.
- If I get a tenancy based on false or misleading information, I understand that the landlord may take court action to evict me.
- I understand that Schonfeld Square can ask for additional information from agencies and health and social services professionals in connection with my application in line with their AIHA's GDPR policy.
- I authorise these agencies and Health and Social Services Professionals to disclose any information needed in connection with my housing application to Fradel Lodge.
- I understand that the information provided on this form, the assessment and any supporting evidence will form part of my housing application and may be shared with appropriate bodies in line with our GDPR's policy.
- I understand that completion of this form does not guarantee me an offer of accommodation.
- I have completed all the pages of the application form.
- I have provided copies of all relevant supporting documents.

Applicant Signature:

**Joint Applicant
Signature:**

Date:

Date:

Section 9: Consent to Disclosure of Information

For the purpose of planning care and / or treatment, I agree to information being shared with staff from other agencies who may be involved in assisting with my care and support in line with AIHA's GDPR policy. To obtain a copy of the full terms of this policy or AIHA Privacy Notice please contact the office at Schonfeld Square with.

Applicant Signature:

**Joint Applicant
Signature:**

Date:

Date: