# Beis Pinchos Residential and Nursing Home

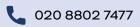
# Schonfeld Square Homes Agudas Israel Housing Association Ltd





2 Schonfeld Square, London N16 0QQ





### Residential and nursing application form

#### Section A - Personal details:

	Rabbi	Mr	Mrs	Ms	5	
Las	t name				First name	
Heb	orew name					
Fati	Father's Hebrew name					
Mot	Mother's Hebrew name					
Add	Iress				Postcode	
Tele	ephone number	•			Email address	
Dat	e of birth				Place of birth	
Nat	ional Insurance	e Number			Nationality	
Languges 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:						
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					
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 deta	ails				
Name					
Address					
Telephone number		Email address			
Would you be happy fo	r AIHA staff to	contact vour Doctor?			
Yes		, car 2 coco. r			
tes	No				
Do you have a Social W	orker?				
Yes	No				
If yes, please provide deta	ails:				
Local Authority		Organisation			
Name of Social Worke	r	Address			
Telephone number					
·					
Would you be happy for AIHA staff to contact your Social Worker?					
Yes	No				
Do you attent hospital?					
Yes	No	If yes, how often			

### Section C - About your Medical Support (continued)

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			
Do you attend a day o	centre?				
Yes	No				
If yes, please provide d	etails:				
Name			Telephone number		
Address					
Please provide details o	of your next of kin:				
Name			Relationship		
Telephone number			Email address		
Address					

### Section C - About your Medical Support (continued)

Please provide details if you have someone acting as your advocate:						
Name			Relationship			
Telephone numbe	r		Email address			
Address						
Audi ess						
Section D - Ab	oout where	you live at pre	sent			
Your current home:						
What type of pro	perty do you liv	ve in?				
House	Flat	Other	Floor level:			
Please give detail	Please give details below:					
Number of living r	ooms:		Number of bedr	ooms:		
Is it wheelchair accessible?			Does it have a lift?			
Yes	No		Yes	No		
Are you:						
A Private Tenant			An owner Occupier			
A Lodger			A Council Tenant			
Living with family			Other			

### Section D - About where you live at present (continued)

# Financial Income and Capital:

Please advise whether you ever owned any property:					
	Yes	No			
If the	property was gifted	I			
Year:		To whom:			
Are y	you related to the ne	ew owner?	Do you receive any st	ate benefits?*	
	Yes	No	Yes	No	
If yes	s please state below	the name of b	enefit and weekly amount received	d:	
	State pension	£			
	Private pension	£			
	PIP/DLA	£			
	Housing Benefit	£			
	Attendance Allowa	nce £			
	Annuity	£			
	ESA/Income Suppo	ort £			
	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:		

#### Section D - About where you live at present (continued)

#### **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	Colour		
British		White			
Asian		Black			
Caribbean		Mixed			
South East Asi	an				
Irish					
African					
Orthodox Jewi	sh				
Other please state:					
			ormation may be requested to bes not guarantee me an offer of		
Signed		Date			
This form is not valid ur	nless signed by the applicant.				
Have you completed application form?	all questions of the	Has your GP compl	eted the medical form?		
Yes	No	Yes	No		

If you require a hard copy of this application form, please contact the Receptionist at Schonfeld Square on 020 8802 7477. Please send all applications to Miriam.Schischa@aihaltd.co.uk

#### For Office use:

Date recieved Date entered onto database

Date letter of receipt sent Home visit