

Residential and nursing application form

Section A - Personal details:

Rabbi

Mr

Mrs

Ms

Last name

First name

Hebrew name

Father's Hebrew name

Mother's Hebrew name

Address

Postcode

Telephone number

Email address

Date of birth

Place of birth

National Insurance 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 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

Do you attend hospital?

Yes

No

If yes, how often

Section C - About your Medical Support (continued)

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

Name	Relationship
Telephone number	Email address
Address	

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?

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

Year:

To whom:

Are you related to the new owner?

Do you receive any state benefits?*

Yes

No

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:

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

British

Asian

Caribbean

South East Asian

Irish

African

Orthodox Jewish

Colour

White

Black

Mixed

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

No

Has your GP completed the medical form?

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