

MOORSIDE DAY CENTRE

APPLICATION FORM

NB Please read the referral notes carefully before completing this form in block capitals

1. Full name of person being referred
Date of Birth
Address:
Post Code
NHS No
Marital Status Religion:

2. Carer's Full Name
Relationship to person referred
Address.....
.....Post Code.....
Mobile and/or Landline No (inc area code)
Next of kin if different from above
Address
Mobile and/or Landline No (inc area code)

3. Doctor
Surgery Address
Post Code Tel No:

4. Other care services/support (eg Nurse, Social Worker, Home Carer, Meals on Wheels, Neighbour, Friend, Church, Clubs):

Name	Organisation	Circle days of visit
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su
.....	M/T/W/T/F/S/Su

5. Name and Address of Care Manager /Social Worker.....

.....Post Code

Landline and/or Mobile Tel No

6. Health Problems

Please tick appropriate box:

Eyesight	Good ()	Poor ()	Glasses ()
Hearing:	Good ()	Poor ()	Hearing Aid ()
Tendency to fall	Yes ()	No ()	

Any food or medication allergies? If **YES** please list below

7. Please provide a basic medical history relating to the applicant. [Use an additional piece of paper if necessary].

8. Please indicate below any special dietary requirements/dislikes/favourite foods

9. Capabilities – please indicate using the following letters

(A) *Can do unaided*

(B) *Only with help from another person or mechanical aid*

(C) *Cannot do*

	A	B	C	Aids Used/Comments
Stand alone				
Manage Stairs				
Walk 10 metres				
Get in/out of chair				
Able to use WC				
Wash hands/face				
Eat unassisted				
Manage dressing				
Do up buttons/zips				
Put on shoes, socks or tights				
Comb hair/shave				

10. Please tick the appropriate box if there are difficulties with:-

- | | | | |
|-------------------------------------|-----|------------------|----------------------|
| Shopping | () | | |
| Remembering when last saw you | () | | |
| Remembering what happened yesterday | () | | |
| Remembering where he/she is | () | | |
| Who people are | () | | |
| Conversation/using words | () | | |
| Decision making | () | | |
| Loss of special skill/hobby | () | | |
| Thinking muddled | () | | |
| Repeating him/herself | () | | |
| Aware he/she is ill | () | | |
| Making a cup of tea | () | Preparing a meal | () Laying Table () |
| Managing money/coins | () | | |
| Paying bills | () | | |
| Driving | () | | |
| Wandering | () | Aggression | () Agitation () |
| Sleeping | () | | |
| Continence | () | Urine | () Faeces () |
| Socialising | () | | |
| Shouting | () | Screaming | () Moaning () |

11. Transport:

- | | | |
|-----|--|--------|
| (a) | Will transport need to be arranged through the Charity? | Yes/No |
| (b) | Can person walk unaided to a car? | Yes/No |
| (c) | Can person get into back seat of a car? | Yes/No |
| (d) | Is a vehicle with tail lift required? | Yes/No |
| (e) | Does person use a mobility aid?
(eg wheelchair, walking frame, stick etc) | |

Please circle

12. We must ask for details of income and financial position because care at Moorside is subsidised by St John's. Please therefore supply the information requested below:-

[NB If the applicant is married, please complete the column for spouse in the answer to each question]

INCOME

Please give full details of the applicant's total MONTHLY income from **ALL** sources.

(a) **Pensions**

	Applicant £ per month	Spouse (if applicable) £ per month
State Pension		
Work Pension		
Work Pension		
Other Pension (if any)		

(b) **Benefits**

	Applicant £ per month	Spouse (if applicable) £ per month
Housing Benefit		
Council Tax Allowance		
Attendance Allowance		
Other Benefits (please list)		

(c) **Capital**

Please provide details of **ALL** capital held and total value. If jointly owned, please give total value and state 'joint.'

	Applicant £	Spouse (if applicable) £
Bank (s)		
Building Society (ies)		
On-Line Account		
Post Office Account		
Premium Bonds		
Stocks/Shares/Investments		
Holiday Home		
Other capital (excluding main residence)		

Has the applicant, during the last **seven** years, made any gift or gifts to a relative, of capital (property or money) valued at more than £10,000? **YES/NO**

If **YES**, please give the following details:-

Date(s) of gift:

Recipient(s) of gift:

Amount(s) (or nature) of gift:

13. Is the applicant self-funding or Social Services funded?

If Social Services funded, please confirm funding has been agreed **YES/NO**

14 Does the applicant have a Power of Attorney in place? **YES/NO**

If **YES**, please provide further details:-

Name of Power of Attorney:

Address of Power of Attorney

Landline/Mobile No:

15. Applicant referred by:

Form completed by:(if different name to the Applicant)

Relationship to Applicant

Address

.....

Mobile and/or Landline No (inc area code)

I declare that the information given on this form is true and complete to the best of my knowledge and belief.

Signed Date

*Please return this form to our Head of Care Quality and Service Development, St John's Winchester, 32 St John's South, The Broadway, Winchester SO23 9LN
(email: sarah.weekes@stjohnswinchester.co.uk)
Tel: 01962-858285 Direct Dial*

[June 2017]

MOORSIDE DAY CENTRE

INFORMATION AND REFERRAL NOTES

1. St John's Winchester operates a day care centre ('the Day Centre') two days a week (Monday and Tuesday) at Moorside, which is a home for people living with dementia and situated at Durngate, Winchester.
2. The Day Centre seeks to provide social interaction and mental and physical stimulation and support for the person living with dementia and to provide a respite for carers. The Day Centre has a therapeutic aim of maximising the capabilities of those attending.
3. The Charity is obliged under its charitable scheme to provide support for needy persons and as the care is subsidised a financial enquiry form has to be completed by prospective applicants, in addition to the supply of information about care needs.
4. A detailed operational policy sets out the basis for operation of the Day Centre, a copy of which is available on request.
5. General enquiries on the operation of the Day Centre and information on availability of places can be made to the Head of Care Quality & Service Development at the Charity's Head Office (Tel: 01962-854226).
6. Applications should be made on the appropriate application form and returned, together with the medical consent form, to the address stated in 10. below.
7. A home visit will be made by the Home Manager to assess applicants for day care, and then they and/or the referrer will be notified of the outcome.
8. Please note that the persons being referred (or in the case of those unable to give a clear consent, their carer or relative) must have agreed to the referral being made. The person and/or carer must agree to the Home Manager being able to liaise with the person's GP and to notify Social Services of the application if appropriate.
9. The current attendance charge is £47 per day. Minibus transport to and from the Day Centre can be arranged within Winchester for which there is an additional charge of £9.20 per day.
10. Any enquiries or correspondence should be addressed to Head of Care Quality & Social Development, St John's Winchester, 32 St John's South, The Broadway, Winchester SO23 9LN (Tel: 01962-854225 email: sarah.weekes@stjohnswinchester.co.uk).

[July 2017]

MOORSIDE DAY CENTRE

MEDICAL CONSENT FORM

To be signed by the referred person (or on his or her behalf)

GP's Name:

GP's Address:

GP's Telephone Number:

I agree to my GP and the Social Services Department being informed of my attendance at the Day Centre situated at Moorside Nursing Home.

I agree to my GP disclosing relevant personal information about myself to the Manager of Moorside Nursing Home and/or The Head of Care Quality & Social Development.

Signed:
[if signed on behalf of someone please indicate your name and relationship]

Relationship:

Date: