

APPLICATION FOR RESPITE ADMISSION

MOORSIDE NURSING HOME

PLEASE ANSWER ALL QUESTIONS FULLY AND CLEARLY AND READ THE DECLARATION BELOW BEFORE SIGNING. IF YOU HAVE ANY DIFFICULTY IN COMPLETING THE FORM, PLEASE CONTACT THE HEAD OF CARE QUALITY & SERVICE DEVELOPMENT FOR ASSISTANCE (01962-854226 email: sarah.weekes@stjohnswinchester.co.uk)

IT IS ACCEPTABLE FOR THE FORM TO BE COMPLETED/SIGNED ON BEHALF OF THE APPLICANT, PROVIDED THAT THE PERSON DOING SO IS SUFFICIENTLY AWARE OF THE APPLICANT'S CIRCUMSTANCES.

1 Applicant's Full Name

2 Present Address (*please state if this is a nursing home*)

Post Code

Telephone No (inc area code)

3 Date of Birth

NHS No

4 Marital Status

5 Religion (*if you wish to disclose*)

6 Please give details of your Next of Kin (*this should be the person we contact in case of emergency*)

Name

Address

6 continued .../
Relationship
Mobile and/or Landline telephone number
Email Address

7 Does the Applicant have a Lasting Power of Attorney in place? **YES/NO**

If **YES** please provide details of the Attorney

Name

Address

Relationship

Mobile and/or Landline telephone number

Email Address

8 Why is short stay accommodation being sought for the applicant?

9 When and for how long is this stay requested?

10 Please give details of GP

Name

Address

Telephone Number

11 Please give details of your Social Services Care Manager (*if appropriate*)

Name

Tel No

12 Does the Applicant have Social Services Funding? **YES/NO**

If **YES** has the funding been agreed?

13 Please give details of the type of dementia that the Applicant has been diagnosed with and any other medical conditions they may have which requires medical attention or treatment.

What medication is the Applicant taking at present?

[Attached a copy of a repeat prescription form if this is easier]

14 Please give details of any special religious, cultural or dietary requirements.

- 15 As care at Moorside is subsidised by St John's we must ask for details of income and financial position. Please supply the information listed below:
[NB. If the Applicant is married please also complete the column for Spouse].

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:

I confirm that the details supplied in this form are true and accurate. I will supply any financial documentation which the Charity may require to support this application. I understand that any inaccuracies or misrepresentations may result in the application being withdrawn.

Signed **Dated**

FORM COMPLETED BY: (if other than applicant)

Name

Address

Mobile No and/or Landline Tel No.....

Relationship to Applicant

[Revised June 2017]

Please return this completed application form to

The Head of Care Quality & Service Development
St John's Winchester
32 St John's South, The Broadway, Winchester
SO23 9LN
[Email: sarah.weekes@stjohnswinchester.co.uk]