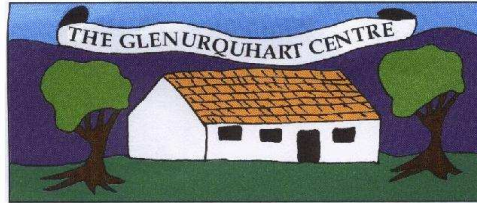


GLENURQUHART
CARE PROJECT

Scottish Charity SC 023976
Company No. 167417



31 Coiltie Crescent, Drumnadrochit, IV63 6TR T 01456 459077

GC HOUSING APPLICATION FORM

1.	Names of applicant(s)	1. 2.	
2.	Date of birth (s)	1.	2.
3.	Current address		
4.	Length of time living at this address		
5.	Is this property owned or rented by you		
6.	<p><u>Independent living</u> Please answer the following questions:-</p> <p>a) Basic services have access to my home eg. Refuse collection postal delivery, food delivery.</p> <p>b) I can manage but with difficulty ie helpful neighbours.</p> <p>c) I live remotely but at present with difficulty I can drive.</p>	Yes 	No

		Yes	No
	d) I already live in the community with access to my GP		
7.	<u>Current housing</u>		
	I am currently in hospital or residential care		
	I do not live on my own but live in a house with other people		
	I am in short term temporary accommodation		
8.	<u>Current housing-suitability</u>		
	Major parts of the house, bedroom or bathroom are not accessible independently		
	Major facilities are accessible only with difficulty		
	Parts of the property are utilised only with difficulty		
	All parts of the house are used and accessed but upkeep is difficult		
9.	<u>Medical situation</u>		
	I have a medical condition which I feel would improve immediately if rehoused		
	I have ongoing health issues which would benefit in some way from rehousing		
	I could remain in my present home if I received input from services eg home care immediately		

		YES	NO
	I could remain in my present home with help at some stage in the future		
	If you have answered yes to any of the medical questions please give further details on page 5 under other relevant information as this will form part of the decision-making process.		
10.	<u>Socialisation</u>		
	Relocation would allow me improved access to services and social interaction		
	Relocation would allow me improved access to services		

For the purposes of gaining more information about any medical issues that you may have it will be necessary for the panel to seek further information from your GP and Care Manager (if appropriate) – this information will be confidential and treated as such by GCP.

Please sign below giving permission to contact your GP/Care Manager

My GP's name is _____

My GP's surgery is _____

My Care Manager is _____

I give my permission for my GP/Care Manager to be contacted in relation to my application for social housing with GCP and in the furtherance of my application for a house.

If my application is successful I give permission for my details to be passed to the letting agent working on behalf of GCP.

Applicant 1 _____ Applicant 2 _____
(Signed) (Signed)

My application to the best of my knowledge is accurate at the time of my application for social housing

Applicant 1 _____ Applicant 2 _____
(Signed) (Signed)

FURTHER INFORMATION

Contact details

My phone number is _____

My mobile number is _____

My email address is _____

I would prefer that you contact the person below who has power of attorney to act on my behalf

Name _____

Address _____

Phone number _____

Email address _____

All data held by Glenurquhart Care Project will be subject to Data Protection Regulations

FURTHER INFORMATION IN SUPPORT OF MY APPLICATION

GCP either offer or are intending to offer at some point in the future following services – could you let us know if you would be interested in accessing these services – the information given does not form part of the allocation process but is used to gauge interest in these services.

Would you be interested in a laundry service being provided at the Glenurquhart Centre? YES/NO

Would you be interested in a cleaning service provided in your home by the Glenurquhart Centre? YES/NO

Would you be interested in attending the Glenurquhart Centre for meals provided at lunch time or delivered to your home? YES/NO

Would you be interested in a gardening service? YES/NO

Would you be interested in a handyperson service to help deal with minor repairs such as changing light bulbs etc? YES/NO

Would you be interested in attending the Glenurquhart Centre? YES/NO

Would you be interested in respite/support with independent living using Glenurquhart Care Staff? YES/NO

Would you be interested in home based respite being provided in your own home? YES/NO

