

RESIDENTIAL CARE APPLICATION FORM

THE MAGDALEN & LASHER CHARITY
OLD HASTINGS HOUSE CIO
132 HIGH STREET
HASTINGS
EAST SUSSEX TN34 3ET

01424 452643 – HOME MANAGER 01424 452642 – ADMINISTRATOR 01424 452640 – CARE TEAM



Charitable Incorporated Organisation No. 1158933

PERSONAL DETAILS

MR / MRS / MISS: SURNAME:

FORENAME(S):

HOME ADDRESS:

POSTCODE:

IF YOU ARE NOT CURRENTLY RESIDING AT YOUR HOME ADDRESS BECAUSE FOR EXAMPLE YOU ARE IN HOSPITAL OR A NURSING HOME, PLEASE GIVE THE ADDRESS WHERE YOU ARE AT THE MOMENT:

POSTCODE:

HOME TELEPHONE NUMBER OR A NUMBER WHERE YOU CAN BE CONTACTED:

DATE OF BIRTH:

NATIONAL INSURANCE NO:

RELIGION:

NEXT OF KIN

MR / MRS / MISS: SURNAME:

FORENAME(S):

ADDRESS:

POSTCODE:

TELEPHONE NUMBER - HOME WORK

MOBILE

RELATIONSHIP TO YOU

HEALTH

WHO IS YOUR FAMILY DOCTOR?

ADDRESS:

POSTCODE:

TELEPHONE NUMBER

DO YOU SUFFER FROM ILL HEALTH? YES NO

MAY WE CONSULT YOUR DOCTOR ABOUT YOUR STATE OF HEALTH? YES NO

FINANCIAL

WILL YOU BE PAYING FOR YOUR FEES FROM YOUR OWN FUNDS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU RECEIVE ATTENDANCE ALLOWANCE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, DO YOU RECEIVE A LOWER OR HIGHER ALLOWANCE?	LOWER	<input type="checkbox"/>	HIGHER	<input type="checkbox"/>
DO YOU NEED TO GET ADVICE REGARDING YOUR FINANCES?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU RECEIVE INCOME SUPPORT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU RECEIVE A PRIVATE PENSION?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU HAVE SOMEONE WHO DEALS WITH YOUR PERSONAL FINANCES FOR YOU?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

IF YES, PLEASE PROVIDE THEIR DETAILS BELOW:-

NAME:

ADDRESS:

POSTCODE:

TELEPHONE NUMBER

DO YOU REQUIRE CARE IN OUR EMI SUITE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU REQUIRE A ROOM IN OLD HASTINGS HOUSE URGENTLY?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WOULD YOU RATHER BE PUT ON OUR WAITING LIST FOR THE FUTURE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WOULD YOU CONSIDER A PERIOD OF RESPITE CARE (SHORT PERIOD)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PLEASE DETAIL BELOW ANY OTHER INFORMATION THAT YOU WOULD LIKE TO PROVIDE IN SUPPORT OF YOUR APPLICATION:-

SIGNED

DATE