



Sheltered Housing

Assessment Pack

Sheltered Housing

Sheltered housing provides a supportive, secure environment for older people in the community. Sheltered housing enables older people to live independently with security and peace of mind.

Sheltered housing schemes consist of self-contained unfurnished flats and bungalows. All of our schemes provide a high standard of accommodation. Each scheme has a Housing Support Officer and a 24-hour alarm service is available when the Housing Support Officer is off duty.

All of our schemes have a communal lounge where activities take place, so there is an opportunity to socialise with others.

Residents in sheltered housing have a support plan that identifies their support needs. Residents also have a 'Menu of Service' according to their individual support needs.

The benefits of sheltered housing are:

- You receive support and assistance whilst keeping your privacy and independence
- If you need extra support our staff can refer you to the appropriate agencies
- You will have access to a 24 hour alarm service
- You will have the opportunity to take part in a range of social activities
- You will be living alongside people of a similar age

The Role of the Housing Support Officer

The Housing Support Officer will:

- Make daily contact with you according to a Menu of Service.
- Carry out regular support visits to you
- Assess your needs and agree a support plan with you
- Provide housing support to enable you to live independently
- Refer you to appropriate agencies for extra support
- Help in emergencies, for example if you are unwell
- Help you with reporting repairs
- The Housing Support Officer is unable to provide care services to you but can refer you for help with this.

Who can apply for Sheltered Housing?

Sheltered Housing is available to single people or couples who meet the following criteria:

Age:

- You must be at least 60 years old and have support needs
- At some schemes we can accept people at 55 years if they have support needs

Please note that at some schemes are specifically designated for people over 60.

Housing Needs:

At least one of the following housing needs must apply to you:

- Your current accommodation is overcrowded
- Your accommodation is difficult to get into or get around in and cannot be adapted
- Your accommodation is unsuitable because of poor repair
- Your accommodation is difficult to heat or make secure
- You are living with relatives where the relationship is breaking down
- You are homeless

Support Needs:

You must also need the support service because:

- You are frail because of your medical problems
- You have health problems that mean you need support
- You have a hearing or sight problem that affects your day-to-day activities
- You have issues relating to safety and security which affect your day-to-day activities
- You have a poor quality of life due to isolation and need to move nearer family who will provide support

Independent Living:

You must be able to live independently and have low to medium levels of support. If your needs are too high you may be advised to consider an extra care scheme or residential care as an alternative to sheltered housing.

How to apply for Sheltered Housing

All sheltered housing applicants must complete the self-assessment form which will help us to assess your application. We will use the information you provide to determine whether you are eligible for sheltered housing.

We may also contact health and social care agencies for information in order to assess your application.

We aim to achieve a 'community balance' within our schemes. This means if you apply for a sheltered property we will look at your support needs to see if we can accommodate you. If your needs are too high we may not be able to offer you accommodation.

Before we make you any offers we will ask you to come and visit us at the scheme you have applied to. This is so we can make sure that Sheltered Housing is what you need and that we are aware of any support you will require. We will discuss your application with you when you visit. The Housing Support Officer will also discuss the Menu of Service level which is appropriate for your needs.

If you would like to visit any of our schemes to meet staff and other residents you are welcome to do so. Please let us know and we will arrange for you to visit.

Please complete the enclosed form giving as much information as possible about why you need sheltered housing. If you are a couple applying you will need to complete details for both of you.

Please return the form in the envelope provided. If you require assistance to complete the form you can contact us on 0800 953 0213

Should your circumstances change after you have applied, please let us know.

You will receive notification of the outcome of your application and have the right to appeal decisions made.

Sheltered Housing Assessment Form

Personal Details		
	Applicant 1	Applicant 2
Name		
Current Address		
Contact Telephone Number		
Email Address:		
Date of Birth		
National Insurance Number		
Select Move Application Number (if registered)		
Next of Kin Details		
Name		
Relationship to Applicant		
Address		
Contact Telephone Number		
Criteria for Sheltered Housing		
Over 60 years of age	Yes/No	Yes/No
Over 55 years of age	Yes/No	Yes/No
Have a Housing Need	Yes/No	Yes/No
Have Support Needs	Yes/No	Yes/No
Please give details of your housing and support needs and why these cannot be met in your current home		

BE HEALTHY

	Applicant 1	Applicant 2
Doctor's Details		
Do you consider yourself disabled?	Yes/No	Yes/No
Do you have a: District Nurse Home Carer Social Worker CPN Support Worker Community Matron Occupational Therapist	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
If you have answered yes to the any of the above please give details.		
Medical Conditions including mental health needs		
Medication		
Mobility – give details of any mobility needs and any mobility aids that you use		
Can you manage stairs?	Yes/No	Yes/No

STAY SAFE

	Applicant 1	Applicant 2
Can you cook meals? Can you manage shopping? Can you manage your housework? Can you manage your personal care e.g. dressing, washing, bathing	Yes/No Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No Yes/No
If you have answered no to the any of the above please give details, include details of who currently provides assistance to you and whether this will continue if you move into sheltered housing		
Do you require any aids and adaptations such as grab rails, level access showers? If yes please give details.	Yes/No	Yes/No
Do you require support to keep safe from harm? For example, harassment, nuisance or someone taking advantage of you. If yes please give details.	Yes/No	Yes/No
Can you manage to take your medication safely?	Yes/No	Yes/No
Do you require support with maintaining your tenancy e.g. understanding your tenancy agreement, setting up your home	Yes/No	Yes/No
Do you need support due to substance misuse e.g. alcohol use. If yes please give details.	Yes/No	Yes/No
Are you subject to any statutory orders? If yes please give details.	Yes/No	Yes/No

ECONOMIC WELLBEING

	Applicant 1	Applicant 2
Do you receive Disability Living Allowance?	Yes/No	Yes/No
Do you receive Attendance Allowance?	Yes/No	Yes/No
Do you need assistance with: Welfare benefit advice Debt advice Rent arrears	Yes/No Yes/No Yes/No	Yes/No Yes/No Yes/No
Do you need assistance with budgeting and managing your finances e.g. paying bills	Yes/No	Yes/No
If you have answered yes to any of the above please give details.		

MAKE A POSITIVE CONTRIBUTION

	Applicant 1	Applicant 2
Do you require support to develop confidence, for example mixing with others? If yes please give details.	Yes/No	Yes/No

ENJOY AND ACHIEVE		
Are you interested in attending any learning classes?	Yes/No	Yes/No
Are you interested in becoming involved in scheme social activities?	Yes/No	Yes/No
Do you attend any social clubs or day centres?	Yes/No	Yes/No
Do you require support with accessing places of worship or maintaining your faith?	Yes/No	Yes/No
Do you have any cultural needs?	Yes/No	Yes/No
Do you require support to access social support such as befriending services or community activities?	Yes/No	Yes/No
Do you work?	Yes/No	Yes/No
Are you interested in doing voluntary work?	Yes/No	Yes/No
Do you require support to make contact with family or friends?	Yes/No	Yes/No
If you have answered yes to any of the above please give details.		

Pets
Pets can be accommodated at some schemes. Please give details of any pets you have.

Bidding for Sheltered Housing	
Do you know about the bidding system for Select Move properties?	Yes/No
Are you able to place bids yourself?	Yes/No
Do you have family who can assist you with bidding?	Yes/No
Do you require assistance with bidding?	Yes/No

ADDITIONAL INFORMATION

Please provide any additional information that may support your application for sheltered housing. Please explain why you need sheltered accommodation if you haven't included this already.

Referring Agencies e.g. Housing Advice, Health Services, Social Services, Probation

If an agency is completing this form with you and supporting your application for sheltered housing they should complete this section of the form.

Please provide details of why the applicant(s) need sheltered housing and what their support needs are. Please include information about any risks to the applicant or to others. Also include details of any on-going support your agency will provide.

Name and Position _____

Signature _____

Date _____

Agreement

Data Protection Act

All information provided is stored and processed in accordance with the Data Protection Act 1998.

The information I have provided for this assessment is what I consider to be my support needs at the present time. I am signing this to say that I agree with its content. I agree that CGA staff can exchange confidential information about me, on a need to know basis, with other agencies to assess my application e.g. health and social services, other support services.

I understand that giving false information may affect my application for sheltered housing.

Applicant 1:

Signature_____

Date_____

Applicant 2:

Signature_____

Date_____

In case of an applicant's advocate signing, please give name and details of advocate below:

Advocate:

Name and Position_____

Signature_____

Date_____