



HOUSING

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Housing Department
Sir Charles Frossard House
La Charroterie
St Peter Port
Guernsey
GY1 1FH

EXTRA CARE HOUSING APPLICATION FORM

By completing and signing this form you are asking to be considered for extra care housing at Le Grand Courtil or La Nouvelle Maritaine. **Please tick to indicate which scheme you would like to move to.** You may tick more than one.

- Le Grand Courtil
La Nouvelle Maritaine

- **If you have any questions about the form, please telephone the Housing Department's Rosie Creed on 717190**
- **Please return the completed form to Extra Care Housing Applications at the address at the top of the page**

1.1 Applicant 1

Applicant 2

Surname	Surname
Mr/Mrs/Ms/Miss	Mr/Mrs/Ms/Miss
First name(s)	First name(s)
Date of birth	Date of birth
Address	
	Post Code:

1.2 CONTACTING YOU

We may need to ask you questions about your completed form. Please indicate how you would like us to get in touch.

If someone else is acting on your behalf please complete Section 5.2.

Daytime contact number	
Alternative contact number	
Email (optional)	

We may need to write to you. If you would like us to send letters to an address different to the one given in Section 1.1, please give details here:

1.3 OTHER MEMBERS OF YOUR HOUSEHOLD

Is there anyone else apart from your spouse/partner (if you have one) that you want to move into extra care housing with you?

Surname	First name(s)	Date of Birth	Relationship to you/your spouse/partner	Do they need help looking after themselves? (Y/N)

1.4 PETS

If you are offered extra care housing, do you intend to bring any pets with you?

YES

NO

If 'YES', please give details:

Type of Pet	Breed	If a dog/cat, have they been spayed/neutered?

If we accept your application we will pass the information in this section to the appropriate Scheme Manager, who will contact you if there is a problem with accommodating your pet.

NB: Depending on your pet, the Guernsey Housing Association may ask you to provide copies of dog licences or import licences.

2.1 CARE AND SUPPORT REQUIREMENTS

To qualify for extra care housing either you or your spouse/partner must be assessed as needing at least four hours care and support a week. This section will give us an indication of your care and support needs. If we accept your application the Scheme Manager will carry out a further, more in-depth assessment.

Please describe your state of health, making reference to any illnesses, chronic conditions and disabilities. Please bear in mind that you will be asked to describe your care and support routine in Section 2.2, so you do not need to include that type of information here.

Applicant 1	

Applicant 2	

2.2 CARE AND SUPPORT AT HOME

By completing the table below you're telling us more about your ability to live independently. The information you provide will help us work out how best we can help you.

Applicant 1

Help with:	Who provides this help? (e.g. family member, friend, district nurse, carer, social worker, Meals on Wheels, specialist nurse, occupational therapist)	How often do they provide this help (e.g. once a day, twice a week)?
Washing, bathing or showering		
Getting dressed		
Ordering, collecting and taking your medication (if any)		
Going to the toilet and the use of continence products		
Doing laundry		
Going shopping		
Attending clubs and social events		
Any other activity (please specify)		

Do you receive respite care, and if so, how often?

Applicant 2

Help with:	Who provides this help? (e.g. family member, friend, district nurse, carer, social worker, Meals on Wheels, specialist nurse, occupational therapist)	How often do they provide this help (e.g. once a day, twice a week)
Washing, bathing or showering		
Getting dressed		
Ordering, collecting and taking your medication (if any)		
Going to the toilet and the use of continence products		
Doing laundry		
Going shopping		
Attending clubs and social events		
Any other activity (please specify)		

Do you receive respite care, if so, how often does this happen?

2.3 CONTACTING OTHER PROFESSIONALS

This section is about who we need to speak to if we need to find out more about your care and support needs.

	Doctor	Doctor's Surgery
Applicant 1		
Applicant 2		

Please list all the health and social care professionals who help you look after yourself (e.g. community nurses, occupational therapists, pain management specialists, chiropodists etc).

Applicant 1

Name	Title

Applicant 2

Name	Title

Please sign below to confirm that you're happy for the people listed above to share information with staff of the Housing Department, the Guernsey Housing Association and the Health and Social Services Department, as appropriate, about your care and support requirements.

Please note that information will only be sought for the purposes of determining whether you are eligible for extra care, and when strictly necessary to do so.

Signature (Applicant 1)

Signature (Applicant 2)

3 FINANCIAL INFORMATION

If you are eligible for extra care housing you will be considered along with other applicants for a flat.

We need to ask questions about your savings and assets so we can work out whether you should be offered a flat to buy (you can buy between 40% and 80%) or to rent. If we think that you can afford to buy a flat, the Guernsey Housing Association will be in touch to carry out a more in-depth financial assessment.

3.1 YOUR HOME

Do you and your spouse/partner (if you have one) own your home?

YES

NO

If 'YES', please give details:

Name and Address of Property	Owner(s)	Property type and number of bedrooms (e.g. detached bungalow, 3 bedrooms)

If you have a mortgage, how much is outstanding? £

3.2 OTHER ASSETS

Do you or your spouse/partner own or part-own any other property or land or assets, either in Guernsey or elsewhere?

YES

NO

If 'YES', please give details:

Description of asset	Owner(s)	Current estimated value

3.3 ASSETS RECENTLY SOLD OR TRANSFERRED

Have you or your spouse/partner (if you have one) sold or transferred property or land or any other assets in the last 12 months?

YES

NO

If 'YES', please give details:

Description of asset (e.g. property, land)	Sale Price

3.4 BANK ACCOUNTS AND SAVINGS

Please declare ALL savings* and investments of any kind, whether held in your name, your spouse/partner's name (if you have one), or both.

*By 'savings' we mean: money held in bank accounts, building societies, the Post Office, National Savings and Investments (NS&I); plus national savings certificates, premium bonds, shares, unit or investment trusts; and any other investments, together with any sums of money kept at home or elsewhere.

Full details (e.g. name of bank, type of account, account number)	Name(s) of persons to whom the savings belong	Amount of savings

NB: we may ask you to provide bank statements and other documentation in support of the information given in this section.

4.1 YOUR LIVING ARRANGEMENTS

Whether you are eligible for extra care housing depends, in part, on your housing situation.

If the location, layout or condition of your home affects your wellbeing and makes it difficult for you to live independently, use the box below to tell us how.

Please note that as part of the application process a Scheme Manager will visit you at home to talk to you in more detail about your living arrangements.

6.1 DECLARATION

Please read the following carefully before signing.

I/We declare that the information given in this application is true, complete and accurate.

I/We undertake to contact the Housing Department via the phone number at the beginning of this form within seven days of there being any change in my/our circumstances that affects the information given on this application form.

For the purposes of processing my/our application for extra care housing I/we agree to the information given in this application being shared, as necessary, with staff of the Housing Department, the Guernsey Housing Association and the Health and Social Services Department.

I/We agree that you may contact other sections of the Housing Department and any other individuals, agencies or departments named in this application to discuss matters relevant to my/our application. I/We also give permission for other relevant parties to disclose information about me/us in responding to you.

I/we understand that as part of the application process you need to check that I/we have a legal right to live in Guernsey. By signing this form I am/we are giving my/our consent for Housing Control to carry out this check.

I/We understand that if I/we deliberately or recklessly give false information to you or withhold information from you in connection with this application you have the right to reject my/our application, and the Guernsey Housing Association has the right to terminate any tenancy granted as a result of this application.

Applicant 1 signature	
Name in CAPITAL letters	
Applicant 2 signature	
Name in CAPITAL letters	
Date of application	

WHAT HAPPENS NEXT?

The Housing Department will check that you are residentially qualified. If it appears that neither you nor your spouse/partner (if you have one) has a right to live in Guernsey, you will not be eligible for extra care housing.

If residential qualifications are satisfied, the Department will pass this form to the appropriate Scheme Manager.

The Scheme Manager will process the form and contact you or your nominated representative to let you know whether your application has been accepted; and if it hasn't, they will tell you the reasons why.

If your application is accepted the Scheme Manager will arrange to visit you at home to carry out the housing assessment mentioned in Section 4.1. During the visit the Scheme Manager will tell you more about the next stage of the application and allocation process.

If it appears to the Scheme Manager that you have funds sufficient to purchase at least 40% of an extra care housing flat, the Guernsey Housing Association will contact you or your nominated representative to carry out a more detailed financial assessment.

You can find out more about the extra care housing application and nominations process by going to www.gov.gg/extracare

FOR OFFICE USE

	Initials	Date	Notes
Form received by			
Residency confirmed			
Referred to Scheme Manager			
Form checked by			
Additional info sought			
Additional info received			
Decision to accept/reject			
IF ACCEPTED			
Home visit arranged			
Referred to GHA			
IF REJECTED			
Applicant notified			
Refer to HSSD			
Refer to Housing			

