

APPLICATION FOR CARE & SUPPORT POINTS FOR A HOUSE



Who can apply for care & support points?

Applicants will only qualify for care & support points in the following circumstances;

- where there is a need to move house to receive care or support, for example because the applicant wishes to be near his or her carer; or
- where there is a need to move house to provide care or support, for example because the applicant wishes to be near the person or persons the applicant is caring for, or is going to care for.

A person will only qualify for care and support points if they are moving closer to the source of support and the distances involved are too great to be considered reasonable.

Completing the application form.

Part A of the form refers to the present housing situation and should be completed by the person who is applying for rehousing.

Part B should be completed by the applicant who has the care & support needs for a change of house.

Part C of the form is the declaration and the mandate. The declaration confirms that the applicant has completed the form correctly to the best of their knowledge. The mandate gives permission for DGHP to write to the Social Worker or Specialist Support Worker for them to receive full details of your care or support needs and should be signed by the applicant and dependant.

Where do I send the form?

The completed form should be sent to your nearest DGHP office. If you have difficulty filling in the form please contact your nearest DGHP office for advice or assistance.

Who assesses my application form?

After checking your housing details, DGHP will write to your Social Worker or Specialist Support Worker and forward their report to the Medical Assessment Officer. The Medical Assessment Officer will assess your application for care & support points and where appropriate will recommend to DGHP which type of house would be most suitable to meet your needs.

When will I know if I will receive care & support points?

Following receipt of the Medical Assessment Officer's recommendation, DGHP will write to you advising you whether you have been awarded care & support points.

**APPLICATION FOR CARE & SUPPORT POINTS
FOR A HOUSE**

MP1B

PART A – TO BE COMPLETED BY THE PERSON APPLYING FOR HOUSING	Ref No:
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Name of housing applicant	Current address
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How long have you lived at this address?

Are you the: (please tick).	Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>	Lodger <input type="checkbox"/>	Living with family/non family <input type="checkbox"/>
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Is your present home: (please tick).

A house with internal stairs	<input type="checkbox"/>	A bungalow	<input type="checkbox"/>	A ground floor 4 in a block	<input type="checkbox"/>
An upper floor 4 in a block	<input type="checkbox"/>	A ground floor flat	<input type="checkbox"/>	A 1 st floor flat	<input type="checkbox"/>
A 2 nd floor flat	<input type="checkbox"/>	A ground floor maisonette	<input type="checkbox"/>	A 1 st floor maisonette	<input type="checkbox"/>
Sheltered	<input type="checkbox"/>	Other (please state)			

How many bedrooms do you have?

Is your w.c.: (please tick)	Upstairs	<input type="checkbox"/>	Downstairs	<input type="checkbox"/>
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Is your bathroom: (please tick)	Upstairs	<input type="checkbox"/>	Downstairs	<input type="checkbox"/>
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Who lives in the house? (please put the housing applicant first)		
Name	Date of birth	Relationship to applicant
		Applicant

PART B – CARE & SUPPORT NEEDS

Name		
<p>Confidentiality.</p> <p>If you do not want to answer any of the following questions giving details of your <input type="checkbox"/> medical condition, please tick the box on the right.</p> <p>Dumfries & Galloway Housing Partnership will contact your Social Worker or Specialist Support Worker for details of any care and support needs. The Medical Assessment Officer will then make their decision based on this report.</p>		
Do you get an allowance? (for example Disability Living Allowance). If yes, please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish to move to be cared by someone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish to move to care for someone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have your own transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving/giving support at your current address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you still be able to receive/give support if you move house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the distance between you and the person who will receiving/giving support?	Miles	
Please provide the name and address of the person(s) who will give or receive the support.		
Why is your current housing not suitable to your support needs?		

Please list all the areas within Dumfries & Galloway that you have chosen on your housing application.

Is there any other information that may be relevant to your application?

PART C - TO BE COMPLETED AND SIGNED BY THE HOUSING APPLICANT

TO BE COMPLETED BY BOTH THE DEPENDANT & THE PERSON PROVIDING THE SUPPORT

I give my permission for Dumfries & Galloway Housing Partnership, to write to my Social Worker or Specialist Support Worker shown below, and for them to give full details of my condition to the Medical Assessor.

Name of Social Worker/Specialist Support Worker	Address
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To the best of my knowledge the details given in this form are correct. I understand that I may be prosecuted if I have given false information. I may also lose any home you have offered me. I will tell DGHP immediately if there is any change to the circumstances I have declared on this application. I agree that the Medical Assessor can share this information on a confidential basis with other appropriate professionals such as: Occupational Therapists, Social Services and Neighbourhood Managers.

Signature

Date

Signature

Date

We will contact you as soon as we receive a decision from the Medical Assessor.

WHEN YOU HAVE COMPLETED THE FORM PLEASE SEND IT TO:

Lettings Team
DGHP
Grierson House
The Crichton
Dumfries
DG1 4ZS

TO BE COMPLETED BY THE ALLOCATIONS ASSISTANT/OFFICER

I am satisfied that the information in Part A is correct.		
Signed	Lettings Assistant/Officer	Date
MP13/MP15 letter sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>