

35 Langstone Way,  
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London, NW7 1GT

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Reg. Charity No. 259480



# APPLICATION FORM FOR INDEPENDENT LIVING ADVISORY: JOINT APPLICANTS

## Data Protection

We take our obligations to data protection very seriously. The personal data you share with us will be handled strictly in accordance with our policy and UK data protection law. If you would like further details about this, please ask a member of our team

Details of our Privacy Policy can be found on our website [www.jbd.org](http://www.jbd.org)

Who is completing this form (please circle)	Ourselves	Referrer
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## Referrer Details (if applicable)

Name	Relationship or Referring organisation (Eg. social worker, relative, friend)	Phone number and email address

Let us know applicants' preferred method(s) of communication (please circle):	Landline Phone	Mobile Phone	Email
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## Applicant 1 Details

Applicant 1: Title (Mr, Mrs, Miss, other)	Applicant 1: Date of birth
Applicant 1: First name	
Applicant 1: Last name	

Applicant 1 (please circle):	I am physically disabled	I am vision impaired	I am both physically disabled and vision impaired	None of the above
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If applicant 1 is both physically disabled and vision impaired, which has more impact on their life?

Applicant 2 Details (if applicable and if a family member in your home also wants an occupational therapy assessment, please fill in their name)

Applicant 2: Title (Mr, Mrs, Miss, other)	Applicant 2: Date of birth
Applicant 2: First name	
Applicant 2: Last name	

Applicant 2 (please circle):	I am physically disabled	I am vision impaired	I am both physically disabled and vision impaired	None of the above
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If applicant 2 is both physically disabled and vision impaired, which has more impact on their life?

Address	Postcode
Phone Number	
Email Address	
Your local authority	
GP name, address and phone number	
Please provide details of anyone else who lives in the applicant's household	
Details of next of kin or emergency contact name, phone number/email address, and relationship to applicant (this can be the referrer)	

### Applicant 1:

Do you identify as Jewish?	Yes	No
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### Applicant 2:

Do you identify as Jewish?	Yes	No
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<b>If you the applicants are completing this referral, please agree to the following: 'we consent to share our information and any reports with third parties such as occupational therapist, local authority, social worker and equipment suppliers.' Please note, without your consent, we will not be able to process your application.</b>	Yes	No
<b>If you are completing this form on behalf of others, please note that we cannot proceed with the application unless they have given their consent. They must consent to this referral and to Jewish Blind &amp; Disabled sharing their information with third parties such as occupational therapists, local authorities, and equipment suppliers. Have the applicants given consent?</b>	Yes they have given consent	No
Does the applicant have lasting power of attorney in place?		
Would the applicants like us to share reports with anyone? If yes please give details (including their email)		

## ABOUT THE PROPERTY

Is the property (please circle):	Owned	Rented (Private Sector)	Rented (Housing Association/ Local Authority)	Other (please specify)
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Other (please specify)
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**Please note if your home is not privately owned, if our Occupational Therapists suggests any adaptations within your home, you will need to seek permission from your landlord.**

Please tell us about your disabilities and any medical condition(s) and how they affect daily living.

### Details for Applicant 1

Has the applicant 1 been an inpatient at a hospital in the past 12 months?	Yes	No
If yes, please provide brief details, dates and reason for admission:		

### Details for Applicant 2

Has the applicant 2 been an inpatient at a hospital in the past 12 months?	Yes	No
If yes, please provide brief details, dates and reason for admission:		

## Details for Applicant 1

What floor is the property on?		Is there a lift?:	Yes	No
Does applicant 1 struggle with internal or external stairs at home?			Yes	No
Does the property have a bath, shower or wet room?	Bath	Shower	Wet Room	
Does applicant 1 struggle using the bathroom?			Yes	No
Does applicant 1 experience any difficulties accessing or using your kitchen?			Yes	No
Does applicant 1 struggle getting in and out of bed?			Yes	No
Does applicant 1 struggle getting in and out of a chair?			Yes	No
Does applicant 1 struggle getting in and out of a car?			Yes	No
Is applicant 1 registered blind or partially sighted?			Yes	No
Does applicant 1 have any form of hearing impairment?			Yes	No
Has applicant 1 noticed any changes to your memory or concentration recently?			Yes	No
If yes to previous question, please give more details - is this being investigated?				

Does applicant 1 use any of the following? Please circle all that apply.					
Walking stick	Zimmer frame	Wheelchair	Mobility scooter	3 or 4-wheeled trolley	Kitchen trolley

## Details for Applicant 2

Does applicant 2 struggle with internal or external stairs at home?	Yes	No
Does applicant 2 struggle using the bathroom?	Yes	No
Does applicant 2 experience any difficulties accessing or using your kitchen?	Yes	No
Does applicant 2 struggle getting in and out of bed?	Yes	No
Does applicant 2 struggle getting in and out of a chair?	Yes	No
Does applicant 2 struggle getting in and out of a car?	Yes	No
Is applicant 2 registered blind or partially sighted?	Yes	No
Does applicant 2 have any form of hearing impairment?	Yes	No
Has applicant 2 noticed any changes to your memory or concentration recently?	Yes	No
If yes to previous question, please give more details - is this being investigated?		

Does applicant 2 use any of the following? Please circle all that apply.					
Walking stick	Zimmer frame	Wheelchair	Mobility scooter	3 or 4-wheeled trolley	Kitchen trolley

Does either applicant receive any care or help at home? If so, please give details below.

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Do the applicants receive any of the following benefits? (please circle as appropriate):

Housing Benefit	Pension Credit	Attendance Allowance	Job seeker's allowance	Universal credit	Personal Independence Payments	Disability Living Allowance	none
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Other (Please detail below):

Has either applicant ever been or is on a waiting list for an occupational therapy assessment?

Yes

No

If yes, please provide details of when your last assessment was and who completed it, or if you are on a current wait list. (If currently on wait list, do you know when your assessment will be done?)

Details:

Does either applicant have a social worker or any other professional involved in care?

Yes

No

Details:

Do applicants have any pets, or look after a pet for a friend or family member?

Yes

No

Details:

Does either applicant or anyone else who lives in applicants' property have any criminal convictions?

Yes

No

Details:

How did you hear about this service? Please tick where appropriate.

Jewish Blind & Disabled Mailing	<input type="checkbox"/>	Jewish Care	<input type="checkbox"/>
Email	<input type="checkbox"/>	Recommendation	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Any other helpful information we should know?

Are you happy to hear from Jewish Blind & Disabled about News and Events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Signed Declaration

The information contained on this form is accurate to the best of my knowledge.

SIGNED APPLICANT 1	<input type="text"/>	DATE:	<input type="text"/>
SIGNED APPLICANT 2	<input type="text"/>	DATE:	<input type="text"/>
SIGNED BY REFERRER (if applicable)	<input type="text"/>	DATE:	<input type="text"/>

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