



35 Langstone Way,
Mill Hill East, London, NW7 1GT

Tel: 020 8371 6611
Email: ila@jbd.org
Reg. Charity No. 259480

INDEPENDENT LIVING ADVISORY SERVICE
APPLICATION FORM

Are you filling out this form for yourself?	Yes	No	Please tick where appropriate
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If no, please let us know your name and relationship to the applicant	
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Name			
Date of Birth		Marital Status	
Address			
Email Address			
Phone Numbers			
Are you Jewish?	YES / NO		
Do you live alone? If yes, please give details of who you live with and their relationship to you	YES / NO		

Your local authority	
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Is your accommodation	Owned	Rented	Sublet	Please tick where appropriate
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Landlord's Name and Address	
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What is your current tenancy, and how long is your tenancy for?	
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Your living environment:

<p>Do you struggle with internal stairs in the property?</p> <p>If yes, where are the stairs located and how many stairs do you have?</p>	YES	NO
<p>Do you struggle with external stairs to your front door or garden door?</p> <p>If yes, how many stairs do you have to climb to your front door?</p> <p>How many stairs do you have to use to access your garden, if applicable?</p>	YES	NO

Which floor is your property on?		Is there a lift?	
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Do you have a bath?	YES / NO
Do you struggle to get in and out of the bath?	YES / NO
Do you have a separate shower that you are able to use?	YES / NO
Is this a cubicle shower?	YES / NO
If you have a cubical shower, do you struggle to get in and out of it?	YES / NO
Do you have a wet room?	YES / NO
Do you have any difficulties using the wet room?	YES / NO
If yes, please provide further details:	
Do you struggle with any other aspects of using your bathroom / wet room i.e. the sink or toilet?	YES / NO
If yes, please provide further details:	
Do you experience any difficulties accessing your bedroom?	YES / NO
If yes, please provide further details:	
Do you have any difficulties accessing or using your kitchen?	YES/ NO
If yes, please provide further details:	

Please list your disabilities and your medical condition(s) and how these effect your day to day living:

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Do you have a blue badge?	YES	NO
Are you registered blind or partially sighted?	YES	NO

Do you use any of the following?

Walking stick	YES	NO
Zimmer frame	YES	NO
Wheelchair / Mobility Scooter	YES	NO
Walker	YES	NO

Please list any others:

Who supplied them?

Are there any aids that you think you would benefit from?

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Do you receive any, domiciliary homecare services and personal care i.e. meals on wheels, home help, district nurse etc and if so, how often?

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Are you in any form of employment/ occupation?	YES	NO
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If yes, please give details:

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Do you receive any of the following Benefits?

Housing Benefit	YES	NO
Pension Credit	YES	NO
Employment Support Allowance	YES	NO
Job Seekers Allowance	YES	NO
Universal Credit	YES	NO

Have you ever had an Occupational Therapy Assessment?	YES	NO
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If yes, when?

What was the outcome?

Are you currently on the waiting list for an Occupational Therapy Assessment?	YES	NO
Do you have a social worker or any other professional involved in your care?	YES	NO
I consent for Jewish Blind and Disabled to share information about my application with relevant 3rd parties such as Occupational Therapist and Local Authority.	YES	NO

If yes, please provide details:

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

JEWISH BLIND AND DISABLED MAILING	
EMAIL	
WORD OF MOUTH	
JEWISH CARE	
RECOMMENDATION	
OTHER (PLEASE STATE)	

SIGNED DECLARATION

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

SIGNED APPLICANT 1		DATE	
SIGNED APPLICANT 2		DATE	

If you are in rented accommodation, do you give your permission for us to contact your current Landlord? Please sign below, giving your consent:

APPLICANT'S SIGNATURE	
DATE	

Any other helpful information we should know?

If I/we are successful in our application, I/we understand that Jewish Blind & Disabled may ask for evidence of my finances and for additional information.

Signed

Date

Signed

Details of our Privacy Policy can be found on our Website www.jbd.org