

ASTRA HOMES LTD

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Streatham
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Application Form & Assessments of Needs

1. Placement

Please make a choice

Pinfold Home Church Road

Please choose which Home this application is for.

Home	Type	Registration	Location	Category
Pinfold Home	Care Home	CQC	Lambeth	Mental Health
Church Road	Supported Living	CQC Regulated Activity	Croydon	Mental Health - LD

Today's Date

Is this application

New Revised

Details of person being assessed

Surname

Ethnicity

Forename

Primary Needs

Title

Date of Birth

Martital Status

National Ins No.

Enter N.I. in the following format : px999999a

Current Address

Address:

Town:

Postal Code:

Phone No:

Does the person need assistance with communication?

Yes No

Does the person live alone?

Yes No

Family Doctor

Name:

Address:

Town:

Postal Code:

Phone No:

Social Workers Details

Name:

Address:

Town:

Postal Code:

Phone No:

Email:

Next of kin

Name:

Address:

Town:

Postal Code:

Phone No:

Relationship:

Email:

Emergency Contacts

Name of Contact	Relationship	Home Phone	Work Phone

Name of Contact	Relationship	Home Phone	Work Phone

Name of Contact	Relationship	Home Phone	Work Phone

2. Background, Needs and Support

Personal History

(Please Provide Details)

Current Needs / Support

(Please Provide Details- Include objectives of any care plan)



3. Assessments


Safety, abuse, neglect

Relevant history? Problems, issues or risks?



Physical Health

Relevant history? Problems, issues or risks?



Mental Health

Relevant history? Problems, issues or risks?



Personal Care and domestic routines

Relevant history? Problems, issues or risks?



Home environment, choice, control and finance

Relevant history? Problems, issues or risks?



Leisure, education, employment, training

Relevant history? Problems, issues or risks?



Home environment, choice, control and finance

Relevant history? Problems, issues or risks?



Support networks, religious and cultural needs and relationships

Relevant history? Problems, issues or risks?

4. Summary of risks

Safety, abuse, neglect	<input type="radio"/> Critical	<input type="radio"/> Substantial	<input type="radio"/> Moderate	<input type="radio"/> Low	<input type="radio"/> N/A
Physical health	<input type="radio"/> Critical	<input type="radio"/> Substantial	<input type="radio"/> Moderate	<input type="radio"/> Low	<input type="radio"/> N/A
Personal care	<input type="radio"/> Critical	<input type="radio"/> Substantial	<input type="radio"/> Moderate	<input type="radio"/> Low	<input type="radio"/> N/A
Choice, control, finance	<input type="radio"/> Critical	<input type="radio"/> Substantial	<input type="radio"/> Moderate	<input type="radio"/> Low	<input type="radio"/> N/A
Leisure, education, training	<input type="radio"/> Critical	<input type="radio"/> Substantial	<input type="radio"/> Moderate	<input type="radio"/> Low	<input type="radio"/> N/A
Overall Risk	<input type="radio"/> Critical	<input type="radio"/> Substantial	<input type="radio"/> Moderate	<input type="radio"/> Low	<input type="radio"/> N/A

5. Daily Living Skills Check-Sheet

Please comment on how the person currently manages the following tasks. Please also express the level of difficulty experienced by indicating one of the following numbers:

1. Able to manage
2. Able to manage but difficult
3. Able to manage with help
4. Unable to manage

Getting around indoors	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Getting around outdoors	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Using stairs / steps	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Getting in / out of bed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Eating and drinking	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Washing themselves	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Laundry	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Shopping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Collecting pensions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Eyesight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Hearing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Speech	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

6. Finances check-list

Please indicate benefits currently being received or applied for.

- IS / UC
- Job Seekers Allowance
- Disability Living Allowance Care Mobility
- Attendance Allowance
- Incapacity Benefit
- Pension credit / pension

Please provide the following detail

This form was completed by:

Name:

Occupation:

Telephone No:

Email:

Instructions on returning this form: You should be able to return this form by clicking on the "Submit by Email" button, or by clicking on the email icon within Acrobat Reader. In the event that you are unable to directly submit this form, then follow these instructions. **(N.B. The form must be returned in the same pdf format).**

1. Save the completed form to a location on your computer, for example the desktop. To save this file choose "Save" from the toolbar and follow the necessary instructions.
2. Once you have saved the form, open your email client (Outlook Express, Outlook etc) and attach the saved file and send the email and attachment to info@astrahomes.co.uk.
3. If you encounter any problems please feel free to contact us. T. 020 8769 1340 E. ggusinu@astrahomes.co.uk