

Name of Home: Kincarrathie House

Form Name: Service User Application

Before you complete this form, it would help us in our quest to constantly improve our services if you could answer the following questions:

1. How did you hear about this home?

2. Have you been given copies of, or information relating to, the following?

- | | |
|--|----------|
| ➤ Our Brochure | Yes / No |
| ➤ Statement of Aims and Objectives | Yes / No |
| ➤ Finances | Yes / No |
| ➤ Trial periods | Yes / No |
| ➤ Advice about other homes or services | Yes / No |
| ➤ Advice about other homes or services which may be more appropriate | Yes / No |
| ➤ Visiting the home | Yes / No |

**If any of your answers are "NO", we will arrange for this to happen.

Thank You, your information will be most helpful.

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The Application Form

If you need help with this form, we can arrange this for you.

The information we are asking for will help us to determine if we are able to meet your personal needs and care needs for the foreseeable future, not just in the short term.

It is our hope that, should you decide to live here, it will remain your home for as long as your care needs can be met.

It is important, therefore, that the information you give us is as accurate as possible and that you (or someone helping you) sign the form to confirm this.

Please feel free to use additional sheets if the space provided is not big enough.

We will acknowledge receipt of the application and contact you within 3 days of receiving the completed form and invite you to the home for a visit if you wish.

About You	
Surname:	Title:
First Name(s):	Date of Birth:
Preferred Title or Nickname etc:	
Current Address:	
Postcode:	Tel. No:
Nationality:	Mobile No:
E-Mail Address:	Best way to contact you?
Next of Kin / Primary Contact (or your main supporter or advocate): Name:	
Their Address:	Relationship:
Postcode:	Tel No:
Email address:	

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Secondary Contact: Name:	
Their Address:	Relationship:
Postcode:	Tel No:
Email address:	
Do you have a Power of Attorney (POA): Yes / No If Yes please provide POA details:	
What matters or is important to you?	
Do you have any relatives or friends living or working in the home?	

About Your Strengths and Your Needs	
This will enable us to understand the kind of assistance you need and how we are best able to provide it. If you would rather not answer these questions or would like some assistance, please let us know.	
Maintaining Your Mobility Do you use any of these?	Walking Stick Yes / No Crutches Yes / No Frame Yes / No Hoist Yes / No Wheelchair Yes / No
Taking Medication Do you manage your own medication?	Yes / No
If No, please tell us what help you need:	
GP Name and practice address :	

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Food and Meals Please tell us about any special dietary requirements you may have.	
Mental Health Do you have any needs that should be met in order to enjoy good mental health?	Please describe:

Declaration
<p>I have filled in as much information as I am able to and as far as I believe, it is truthful and accurate.</p> <p>I understand that the home can only make a decision on being able to meet my needs if it has the correct information to base a decision on.</p> <p>I will help the home develop my Personal Plan on admission.</p> <p>Signature:..... Date:</p> <p>Or Signed on Behalf of:</p> <p>By: (Print Name).....</p> <p>Signature: Date:</p> <p>Acting in what capacity?</p>