

SC7 | Application for admission to a Poppy Home

<p><i>Applicant is person seeking admission.</i></p> <p><i>All details should be accurate and written clearly in BLOCK CAPITALS.</i></p>	1 The applicant			
	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <i>(please specify):</i>		
	Surname:			
	Forename(s):			
	Date of birth:		Age:	
	National Insurance no:		Medical card no:	
	Full postal address:			
			Postcode:	
	Telephone no <i>(incl STD code):</i>			
Mobile telephone no:				
<p><i>If Service particulars do not apply to applicant, please state relationship to applicant.</i></p>	2 Eligibility			
	Surname:			
	Forename(s):			
	Date of birth:		Age:	
	Service:	<input type="checkbox"/> RN <input type="checkbox"/> Army <input type="checkbox"/> RAF <input type="checkbox"/> Other		
	Service no:			
	Corps / regiment:			
	Date of enlistment:		Date of discharge:	
	Documentary evidence:			
	Have Service particulars been verified?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, by what means?			
Relationship to applicant <i>(if applicable):</i>				

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<i>All details should be accurate and written clearly in BLOCK CAPITALS.</i>	3 Next of Kin		
	Surname:		
	Forename(s):		
	Relationship:		
	Full postal address:		
		Postcode:	
	Telephone no <i>(incl STD code)</i> :		
	Mobile telephone no:		
Is Next of Kin the first point of contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(See section 5)</i>		
<i>If there is no PoA and this section is not applicable please enter N/A for Attorney 1 and Attorney 2.</i>	4 Power of Attorney (PoA)		
		Attorney 1	Attorney 2
	Surname:		
	Forename(s):		
	Relationship:		
	Full postal address:		
	Telephone no <i>(incl STD code)</i> :		
Mobile telephone no:			
<i>Type of Powers</i>	Enduring Property and Affairs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Lasting Property and Affairs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Lasting Personal Welfare	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Proof of Powers</i>	Has Certificate(s) been viewed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Is Certificate(s) registered with Office of Public Guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Date of registration:		
Office Use Only	Copy of Certificate(s) taken?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Certificate(s) copied?		

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	5 Other point of contact	
		Contact no. 1
	Surname:	Contact no. 2
	Forename(s):	
	Full postal address:	
	Telephone (day):	
	Telephone (night):	
	Relationship to applicant:	
	Is this person first point of contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	6 General Practitioner	
	Name:	Dr
	Full postal address:	
	Telephone no <i>(incl STD code)</i> :	
<i>Please select your preferred Poppy Home.</i>	7 Choice of home	
	Preferred home:	<input type="checkbox"/> Galanos <input type="checkbox"/> Lister <input type="checkbox"/> Maurice <input type="checkbox"/> Halsey <input type="checkbox"/> Mais <input type="checkbox"/> Dunkirk Memorial
<i>Please indicate both the type and category of care you require.</i>	8a Type of care	
	<input type="checkbox"/> Long term <input type="checkbox"/> Respite <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Day care	
	8b Category of care	
	<input type="checkbox"/> Nursing care <input type="checkbox"/> Personal care <input type="checkbox"/> Dementia care	
	9 Payment	
	<input type="checkbox"/> Self-funding <input type="checkbox"/> Local Authority <input type="checkbox"/> PCT / LHB <input type="checkbox"/> Other <i>(please specify below)</i>	
	Name of sponsoring LA/PCT/LHB:	

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	Address of sponsoring agency:	
	Care Manager name:	
	Telephone no <i>(incl STD code):</i>	
Office Use Only	Weekly fee quoted to applicant:	
	Sponsored: Date of panel agreement	
<i>Section 10 to be completed by Poppy Home only.</i>	10a Assessment of needs	
	Date initial assessment completed:	
	Name of Designation Assessor:	
	Category of care following Assessment:	
	Special Needs:	
	Assessment deferred:	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Assessment not done:	<input type="checkbox"/> YES <input type="checkbox"/> NO
	10b Updated Assessment	
	Date completed:	
	Name and Designation Assessor:	
	Category of care following Assessment:	
	Special needs:	
Office Use Only	Weekly fee updated quote:	
	Date of panel review agreement:	

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<p><i>The information you provide us about your finances and savings will help us to identify your current or future eligibility for Local Authority funding.</i></p> <p><i>Please provide us with verification of your current income (attach separately).</i></p>	11 Financial Assessment	
	Monthly income:	<i>Please tick</i>
	Wages	
	Allowance/maintenance from spouse	
	State Retirement Pension	
	Service Pension	
	Service Invaliding Pension	
	War Widows Pension	
	War Orphan's Pension	
	War Disablement Pension	
	Armed Forces Compensation Scheme	
	Other pensions	
	Pension Credit	
	Carers Allowance	
	Industrial Injuries Benefit	
	Severe Disablement Allowance	
	Disability Living Allowance	
	Income Support	
	Jobseeker Allowance	
	Incapacity Benefit	
	Employment and Support Allowance	
Working tax Credit		
Child Tax Credit		
Child Benefit		
Other Income / Benefits		
Current Account balance:		
Office Use Only	Has verification been provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	State verification viewed:	
<p><i>Please supply verification of all current savings (attach separately).</i></p>	12 Savings and investments	
	1	
	2	
	3	
	4	
	Current savings balance:	£
Office Use Only	Has verification been provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	State verification viewed:	

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<i>Please give details of property you own or rent.</i>	12 Property		
	Mortgage / loan:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Name of lender:		A/C no:
	Postal address of lender:		
		Postcode:	
	Valuation of property: £	Date of valuation:	
	Are any residents in property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship:
Property address:			
	Postcode:		
<i>If you rent property please give details.</i>	13 Rented accommodation		
	Property type:	<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Other <i>(please specify):</i>	
	Landlord name:		
	Landlord address:		
		Postcode:	
Telephone no.			
14 Declaration			
<p>The information I have given is correct to the best of my knowledge. I give my consent to my General Practitioner/specialist releasing my medical details to the Poppy Home Manager concerned. I will co-operate with the authorised person representing the Poppy Home who will visit me at an arranged date to assess my needs.</p> <p>I agree that other statutory, public and charitable organisations may be consulted about matters pertaining to this application where relevant. I understand that the information I have provided will be used to process this application only.</p>			
Applicant name: <i>(in block letters)</i>			
Signature:		Date:	
Representative name: <i>(in block letters)</i>		Relationship to applicant:	
Signature:		Date:	
Caseworker name: <i>(in block letters)</i>			
Signature:		Date:	

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For Office Use Only					
<p><i>Please update with details to remain current. If not applicable, please state 'N/A'.</i></p>	Date application received:				
	Source of referral:		<input type="checkbox"/> Self referral <input type="checkbox"/> Relative <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <i>(please specify):</i>		
	Application:		<input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted		
	State why application not accepted:				
	Type of admission:		<input type="checkbox"/> Urgent <input type="checkbox"/> Non urgent		
	Waiting list review date:				
	Category:		<input type="checkbox"/> Nursing <input type="checkbox"/> Personal Care <input type="checkbox"/> Dementia Care		
	Weekly fee:		£		
	Source of funding:		<input type="checkbox"/> Self funding <input type="checkbox"/> Local Authority		
	RNCC contribution:		£	Top up source and amount:	£
	Date confirmation admission letter sent:			Date Terms and Conditions sent:	
	Date Terms and Conditions returned:			Date LA contract received:	
	Date of admission:			Room no:	
	Notes / additional information				
<p><i>Please use this section for any additional information relevant to the application.</i></p>					

Notes / additional information

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