



DARLINGTON

Borough Council

DALKEITH HOUSE
ROSEMARY COURT

OBAN COURT
MAYFLOWER COURT

Please indicate which scheme you are interested in, if there is more than one, please number 1-4 in order of priority

Application No: _____ **Date:** _____

Please complete the form as fully as possible. Should this form be required in another language please telephone 01325 405333

Full Name: _____ Date of Birth: _____

Address: _____ Telephone No: _____

Name and address of your Doctor: _____

Disability (please give details): _____

INFORMATION ABOUT YOUR HOME: (Please tick appropriate boxes)

Is your home:	Bungalow	<input type="checkbox"/>	Owner/Occupier	<input type="checkbox"/>
	House	<input type="checkbox"/>	Privately rented	<input type="checkbox"/>
	Ground Floor Flat	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Council	<input type="checkbox"/>

Please specify:

INFORMATION ABOUT CARE/SUPPORT: (Please tick appropriate boxes)

Do you receive help from:

Relatives Friends Neighbours Other Agencies

Please specify:

Frequency:

DO YOU RECEIVE ANY OF THE FOLLOWING SERVICES:

Home Care Support
Meals on Wheels
Day Care

Other: _____

Do you have a named Social Worker:
_____ (name)

Please state frequency: _____ (frequency)

GETTING AROUND	YES	NO	STATE EQUIPMENT USED OR HELP REQUIRED
Can you use public transport?			
Do you drive a car?			
Can you walk easily on level ground?			
Do you use a wheelchair indoors?			
Do you use a wheelchair outdoors?			
Can you climb the stairs?			
Can you climb steps outside?			

DAILY LIVING	YES	NO	STATE EQUIPMENT USED OR HELP REQUIRED
Can you get out of bed?			
Can you get up from a chair?			
Can you make a meal or snack?			
Can you make a hot drink?			
Can you carry food and drinks?			

PERSONAL CARE	YES	NO	STATE EQUIPMENT USED OR HELP REQUIRED
Do you need assistance to get in and out of the bath?			
Can you use a shower independently?			
Do you need assistance to use the toilet?			
Can you dress and undress by yourself?			

Are there any comments you or your carer(s) would like to add:

Signed:

Date:

**Please return to: Housing Services, Town Hall, Darlington DL1 5QT
Tel: 01325 405333**
