



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

Tel: 020 8371 6611
Fax: 020 8371 4225
Email: info@jbd.org
Reg. Charity No. 259480
11.03.19

INDEPENDENT LIVING ADVISORY SERVICE APPLICATION FORM

Name			
Date of Birth		Marital Status	
Address			
Email Address			
Phone Numbers			

YOUR LOCAL AUTHORITY	
----------------------	--

Is your accommodation	Owned		Rented		Sublet		Tick where appropriate
-----------------------	-------	--	--------	--	--------	--	------------------------

Landlord's name & address	
---------------------------	--

What is your current tenancy, and how long is your tenancy for	
--	--

If you live in a flat, house or maisonette:
Are there stairs up to or in the property?

--

Which Floor		Is there a lift	
--------------------	--	-----------------	--

How many	Bedrooms		Living Rooms		Bathrooms	
-----------------	----------	--	--------------	--	-----------	--

Do you or your partner or any member of your household have any criminal convictions: **YES / NO**

Please give details and date of convictions:

--

Do you live alone	YES	NO
-------------------	------------	-----------

If you do not live alone please state with whom you live and their relationship to you:

--

Are you and your partner Jewish	YES	NO
---------------------------------	------------	-----------

You may be required to prove evidence and supporting documents:

Please list your disabilities and your medical condition(s):

--

Do you have a blue badge	YES	NO
--------------------------	------------	-----------

Are you registered blind or partially sighted	YES	NO
---	------------	-----------

Independent living skills: Do you struggle with any aspect of daily living:

Do you have a bath	YES	NO
--------------------	------------	-----------

If you do have a bath, do you struggle to get in and out of the bath	YES	NO
--	------------	-----------

Do you have a shower	YES	NO
----------------------	------------	-----------

If you do have a shower, do you struggle to get into the shower	YES	NO
---	------------	-----------

Dressing/Undressing	YES	NO
---------------------	------------	-----------

Shopping	YES	NO
----------	------------	-----------

Cooking	YES	NO
Cleaning	YES	NO
Eating	YES	NO
Walking	YES	NO
Going up and down stairs	YES	NO
Getting on and off the toilet	YES	NO
Getting in and out of a chair	YES	NO
Getting in and out of your bed	YES	NO

Do you use any of the following:

Walking stick	YES	NO
Zimmer frame	YES	NO
Wheelchair	YES	NO
Bath seat	YES	NO
Any other aids	YES	NO
If yes, what are they		

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

Do you receive any, domiciliary homecare services and personal care (meals on wheels, home help, District nurse etc) if so, how often?

Are you in any form of employment/occupation	YES	NO
--	------------	-----------

If yes, please give details:

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
--	------------	-----------

If yes, when 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

If yes please provide details

PLEASE GIVE THE NAME, **HOME AND EMAIL ADDRESS** AND PHONE NUMBER OF YOUR NEXT OF KIN AND THEIR RELATIONSHIP TO YOU:

NAME (RELATIONSHIP TO YOU)		
ADDRESS		
POSTCODE		
HOME PHONE NUMBERS: (HOME AND MOBILE)		
EMAIL ADDRESS		

How did you hear about this service? PLEASE TICK

LETTER	
EMAIL	
WORD OF MOUTH	
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 INFORMATION: