Jah-Jireh Charity Homes
317 Lytham Road, Warton
Preston, Lancashire, PR4 1TE
Tel: +44 (0)1772 633380
Fax: +44 (0)1772 631225
E-mail: admissions@jah-jireh.org
Website: www.jah-jireh.org

Jah-Jireh
providing loving care

APPLICATION FORM FOR RESIDENTIAL / NURSING CARE

APPLICANT DETAILS

FULL NAME of Applicant	Mr/Mrs/Miss/Ms (Please indicate) or other:	NHS Number	
NI Number		Preferred Name	
Place of Birth		Date of Birth	/ /
Congregation		Year of Baptism	/ /
Address including postcode		Telephone No(s)	
e-mail address:			

REPRESENTATIVES, CONTACTS AND NEXT OF KIN DETAILS

CONTACT NAME for **Primary Contact**		Relationship to Applicant:	
Address including postcode		Telephone No(s)	
e-mail address:			
Is this person a Jehovah's Witness?	**Y / N**	Is this person the Next of Kin?	**Y / N**
Is this the person completing this form?	**Y / N**	Does this person have Power of Attorney? If Yes, it is Health/ Financial or Both (Please circle) If Yes please send a copy of the document.	**Y / N**
CONTACT NAME for **Alternative Contact**		Relationship to Applicant:	
Address including postcode		Telephone No(s)	
e-mail address:			
Is this person a Jehovah's Witness?	**Y / N**	Is this person the Next of Kin?	**Y / N**
Is this the person completing this form?	**Y / N**	Does this person have Power of Attorney? If Yes, it is Health/ Financial or Both (Please circle) If Yes please send a copy of the document.	**Y / N**
CONTACT NAME for **2nd Alternative contact**		Relationship to Applicant:	
Address including postcode		Telephone No(s)	
e-mail address:			
Is this person a Jehovah's Witness?	**Y / N**	Is this person the Next of Kin?	**Y / N**
Is this the person completing this form?	**Y / N**	Does this person have Power of Attorney? If Yes, it is Health/ Financial or Both (Please circle) If Yes please send a copy of the document.	**Y / N**

APPLICATION FORM FOR RESIDENTIAL / NURSING CARE	
HEALTHCARE AND WELFARE NEEDS	
NAME OF GP / DOCTOR:	
Address of Surgery including postcode	*Telephone No(s):*
Give details of the diagnosis supplied by the doctor:- *Is there a diagnosis of dementia?*	
NAME OF SOCIAL WORKER	
Address of Social Worker Office including postcode *Email:*	*Telephone No(s):*
Give details of the applicants needs as detailed by the social worker:- *Is there a care package in place? If so who provides it?*	

We may need to obtain further details from healthcare / social services professionals to ensure that we are able to meet your individual needs. If you are aware of other relevant information, please supply this on a separate sheet.

APPLICATION FORM FOR RESIDENTIAL / NURSING CARE

ABOUT THE APPLICANT

What type of care are you applying for? (Tick all that are applicable):-

Permanent Residential Care (Now): ☐ Permanent Residential Care (in the future): ☐

Respite Care only: ☐ Nursing Care: ☐

Which home(s) would be most suitable/convenient? (Tick all that are applicable):-

Blackpool: ☐ Leyland: ☐ Merthyr: ☐ Wigan: ☐ Any: ☐

What type of accommodation do you currently live in:-

Another care home: ☐ Sheltered accommodation: ☐ Living alone: ☐ With Family: ☐

PHOTOGRAPH OF APPLICANT

Please provide a recent photograph for identification purposes:

PHYSICAL CIRCUMSTANCES

Please give details of all diagnoses and health problems and any further information regarding physical circumstances and health of the applicant:

APPLICATION FORM FOR RESIDENTIAL / NURSING CARE

FINANCIAL CIRCUMSTANCES

We need to ask you about your capital. If you (the applicant) have more than £23,500 (£50,000 in Wales) in capital (savings or property), you will probably have to pay the costs of your care yourself. (You may still be able to claim attendance allowance if paying privately for your care).
*If you have less than £30,000 in capital and do not own your own property, you **MUST** obtain an assessment of your needs from your local Social Services, to see if they agree that you need residential or nursing care. If this applies in your case, please contact your local social services / adult care department if you have not already done so.*

Do you (the applicant):-	*Yes*	*No*
- Own your own property?	☐	☐
- Do you have savings above £30,000?	☐	☐
- Have income from a private pension?	☐	☐
- Receive Pension Credit?	☐	☐
- Receive Attendance Allowance?	☐	☐
Have you been assessed by Social Services?	☐	☐

If Social Services agree to fund your care, please be aware that Social Services do not usually pay the full costs of your care. You will still be allowed a weekly amount to cover your own personal costs. If the combined funding from Social Services & your pension does not meet our costs, we would gladly accept any donations to the charity.

Before processing your application, we will need to know the following:-	*Yes*	*No*
Will you be financing your own care costs?	☐	☐
If not, have you arranged financing with Social Services?	☐	☐
If so how much have Social Services advised you they will pay? **£**		***per week***

Data protection - I/We give permission for Jah-Jireh Homes to store, use & share personal data about me/us/the applicant with others and to contact others to obtain information in relation to this application and any subsequent stay in a Jah-Jireh Home.

We cannot process your application unless it is signed.

Signature(s) _____ *Date* _____

Must be the signature(s) of the applicant or power of attorney holder(s)

Jah-Jireh is a Charity and your support helps us in looking after our residents
Donations can be sent by post, or by bank transfer / standing order to:-
Jah-Jireh Donations, Sort Code: 01-09-51 Account No: 11619333