

Application for rehousing to give or receive support



A fresh approach to people, homes and communities

Please return this form to any Barnsley Connects Office or post to:
Housing Assessment Team, Berneslai Homes, PO Box 627, Barnsley S70 9FZ.

Office use only

Surname

First name

Reference number

Who can apply?

Anyone who gives support to, or receives support from, someone who does not live with them can apply for rehousing. We will only give priority to people whose current housing situation is affecting their ability to give or receive care. This includes where the distance between the home of the person providing the support and the home of the person receiving it affects the ability to give or receive the support needed.

Do I need to provide any supporting evidence?

You do not need to provide evidence when you apply. If we need more information we will ask you for it.

How will you assess my priority?

You need to fill in this form to help us make a decision. If you need help, staff in any Barnsley Connects Office can help, or you can phone us on 01226 775555. We will refer your case to a housing assessment officer who may visit you to get more information. We will carry out assessments within 10 days of receiving all the information we need.

What will the assessment include?

Before we make a decision on your priority we will consider:

- the need for support;
- how far you have to travel and how often;
- what transport (public and private) is available;
- how much other support there is; and
- your other commitments.

We will also give you information on the housing options available to you and whether the type of property you need is available.

How will this affect my application?

If you qualify for priority, we will award it from the date you filled in this form.

What should I do if my circumstances change?

You need to let the Housing Assessment Team know. They will assess your application again and decide if this will affect your priority.

What can I do if I am unhappy with your decision?

You can appeal against our decision. For more information see our leaflet 'Homeseeker', which you can get at any Barnsley Connects Office.

Please fill in all sections.

Section 1 – Details of the person to be rehoused

(This can be either the person giving support or the person receiving support.)

If you do not give us all the following information, we may not be able to make a decision on your application.

Title (Mr, Mrs, Miss, Ms)	First name	Date of birth / /
Surname		Age
Current address and postcode		
Application reference number (if known)		

Section 2 – Details of the person or people needing support

Title (Mr, Mrs, Miss, Ms)	First name	Date of birth / /
Surname		Age
Current address and postcode		
Phone number: Home	Mobile	
How long have you lived at this address? If less than five years, please give your previous address and say how long you lived there.		

Section 3 – Details of everyone living at the address in section 2

Name	Date of birth	Relationship to you
	/ /	
	/ /	
	/ /	
	/ /	

Section 4 – Person who needs support

Please give reasons why you need support from the person in section 9.

Section 5 – What support does this person provide now?

Section 6 – What extra support would they be able to give if they lived nearer to you?

Section 7 – Other support

Do you receive support from any of the following?

(Please tick all relevant boxes and give details of who provides the support.)

	Name	Address	Phone number
<input type="checkbox"/> Social worker			
<input type="checkbox"/> Council's home-care service			
<input type="checkbox"/> Relative or friend who lives with you			
<input type="checkbox"/> Relative or friend not living with you			
<input type="checkbox"/> Other organisation (including voluntary organisations)			

Section 8 – Benefit information

Does the person receiving support get Attendance Allowance?

Yes No They have applied for it

Does the person receiving support get Disability Living Allowance (care component)?

Yes No They have applied for it

If 'Yes', is it: low rate? medium rate? high rate?

Does anyone claim Invalid Care Allowance for looking after you?

Yes No If 'Yes', give us the name and address of the person claiming it.

Declaration (to be signed by the person needing support)

I confirm the information I have given is accurate and truthful.

Signature

Date / /

Section 9 – Details of the person giving support

Title (Mr, Mrs, Miss, Ms)	First name	Date of birth / /
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Surname	Age
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Address and postcode

Phone number: Home	Mobile
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How long have you lived at this address?
If less than five years, please give your previous address and say how long you lived there.

Section 10 – Details of people living at the address in Section 9

Name	Date of birth	Relationship to the person giving support
	/ /	
	/ /	
	/ /	
	/ /	

Section 11 – What support do you currently give?

(Please tick all relevant boxes.)

Yes No

Bathing or dressing

Giving medication

Getting in and out of bed

Cleaning

Cooking

Other (give details)

Yes No

Laundry

Shopping

Decorating or gardening

Childcare

Emotional support

Section 12 – How often do you visit the person or people you are supporting?

(Please tick)

More than once a day Every day Two or three times a week Every week

Other (give details)

Section 13 – How do you get there?

(Please tick)

Car

Bus

Train

Taxi

Walk

Section 14 – How far do you travel?

(Please tick)

I have my own transport and the journey is less than 10 miles.

I have my own transport and the journey is more than 10 miles.

I have no private transport and the journey is less than five miles.

I have no private transport and the journey is more than five miles.

Section 15 – What extra support could you give if you lived nearer?

(Please list)

a

b

c

d

Do you work? Yes No If 'Yes', how many hours do you work?

What days do you work?

What is your work address (not head office address)?

Do you give support to anyone else? Yes No

If 'Yes', give their name and address.

Declaration (to be signed by the person giving support)

I confirm the information I have given is accurate and truthful.

Signature

Date / /

Office use only

Visitors' comments

Decision of assessor

Does the applicant qualify for band 1 priority?

Yes

No

If 'Yes', what date do they qualify from?

/ /

Please give the reason they qualify.

Does the applicant qualify for band 2 priority?

Yes

No

If 'Yes', what date do they qualify from?

/ /

Please give the reason they qualify.

Does the applicant qualify for band 3 priority?

Yes

No

If 'Yes', what date do they qualify from?

/ /

Please give the reason they qualify.

Does the applicant qualify for band 4 only?

Yes

No

If 'Yes', what date do they qualify from?

/ /

Assessor's signature

Date of assessment

/ /



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If you need help understanding this information, please ask one of our staff, or call the phone number on the attached letter.

আপনার যদি এই তথ্য বোঝার জন্য সাহায্যের প্রয়োজন হয়, তবে অনুগ্রহ করে আমাদের কোন একজন স্টাফকে জিজ্ঞাসা করুন, অথবা গ্রাহক পরিসেবায় যোগাযোগ করুন।
টেলিফোন 01226 772720

अगर आप इस जानकारी को समझने में सहायता चाहते हैं तो कृपया हमारे किसी कर्मचारी से पूछें, या उपभोक्ता सेवा, टेलीफोन 01226 772720 पर संपर्क करें

Jeśli nie rozumieją Państwo tych informacji i potrzebują pomocy, mogą Państwo poprosić o pomoc kogoś z naszych pracowników lub zadzwonić pod numer telefonu: 01226 772720 (Biuro Obsługi Klienta)

Если вам требуется помощь в понимании этой информации, обратитесь к нашим сотрудникам или позвоните в Отдел обслуживания клиентов по телефону 01226 772720.

اگر برای درک این مطالب نیاز به کمک دارید، از یکی از کارکنان ما کمک بخواهید، یا با بخش خدمات رسانی به مشتریان ما تماس بگیرید، شماره تلفن 01226 772720

اگر آپ کو ان معلومات کو سمجھنے کے لئے مدد کی ضرورت ہے، تو براہ مہربانی ہمارے عملے کے کسی رکن کو پوچھیں، یا کسٹمر سروسز سے رابطہ کریں، ٹیلیفون 01226 772720

إذا كنت بحاجة للاستفسار عن هذه المعلومات، رجاء اطلب المساعدة من احد الموظفين او اتصل بخدمات الزبائن على الرقم 01226772720

如果您需要协助，以便更好地了解该信息，请与我们的员工联系，或致电客户服务：01226 772720。



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