

Application for Short Stay Accommodation

At _____ (Please return completed from direct to the Home of your choice)

Surname (Mr, Mrs, Miss, Ms)

Date of Birth:

Forenames:

Address:

Post Code:

Telephone No:

Emergency Contact Names and Telephone Numbers

Next of Kin/Attorney:

Address:

Telephone No:

G.P's Name:

Address:

Telephone No:

Accommodation required from: Date:

To:

Will you require the Home to take charge of your medication?

Have you any special care requirements?

Have you any special dietary needs?

Have you any particular likes/dislikes?

To help us assess your care level please tick box if you are in receipt of Attendance Allowance?

None Lower Rate Higher Rate

Is the Local Authority funding your short stay? Will you be able to find the difference Privately Funded

Name of Social Worker who has agreed funding for your respite placement:

Please note:

Respite/holidays are charged at the normal weekly rate of the Home. Should you wish to significantly extend the short stay period, four weeks or over or you wish to take up permanent residence you will be asked to complete a full application form.

For reference purposes would you please indicate in the BOX below if you decide to apply for permanent residence whether you would be able to meet our fees in full? Yes No

If funded by the Local Authority will you be able to meet the difference in fees?

Signature:

Date: