

Blaenau Gwent County Borough Council

Dispersed Alarm Service Application and Information Form



Strictly Private and Confidential

1st Applicant Name Date of Birth

2nd Applicant Name Date of Birth

Address

Postcode Tel No

Please give details of any other person(s) living at your home address:

Name	Relationship	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a Council Tenant? Yes No

Are you a Housing Association Tenant? Yes No

Are you a Private Tenant or Home Owner? Yes No

Do you live in Sheltered Accommodation? Yes No

Household Type:

Single Couple Family with children

Male Female

Is English your first language? Yes No

If no, please state your first language:

Name and Address of Doctor

Tel No

Name and Address of Doctor

Tel No

Medical Information

Please provide any personal medical information that would assist staff in the event of an emergency.

1st Applicant

2nd Applicant

LIFELINE NEEDS ASSESSMENT

This part of the form enables us to identify whether you have a welfare need as part of your overall package of care.

Hospital Discharge

Are you due to come out of Hospital or have you recently been discharged? Yes No

If yes please give details:

Discharge Date

Please give details of relatives / friends to contact in the event of an emergency eg. Son, Daughter, Partner, etc.

Emergency Contacts

1st Contact

Name

Address

Tel No

Mob No

Relationship

Keyholder Yes No

2nd Contact

Name

Address

Tel No

Mob No

Relationship

Keyholder Yes No

Emergency Contacts

3rd Contact

Name

Address

Tel No

Mob No

Relationship

Keyholder Yes No

4th Contact

Name

Address

Tel No

Mob No

Relationship

Keyholder Yes No

Please list any support services that visit you such as Meals on Wheels, Home Helps, District Nurse, Social Worker, etc:

Name:

Service:

Telephone No:

Please give details of any pet animals:

--

Reassurance Calls

If reassurance calls are required please state at what times – (up to 4 daily)

1.

--

3.

--

2.

--

4.

--

How did you hear about the Community Alarm Service?

Please state any additional information you may wish to give, e.g. Religious Beliefs

Reasons for Requesting an Alarm

Do you have support needs that prompted your request for an alarm?

Yes No

If yes, please tick all reasons you feel are relevant to you:

Limited / no support from friends / family

Maintain independence / reduce need for carer

Chronic ill health

Poor mobility / history of falls

Safety / security within your own home

Other (please state) _____

If no, please state reason for applying for alarm:

Areas of need

If your support needs are linked to one or more of the following areas, please tell us what level of support you feel you need on a scale of 1 – 10 (1 = low need, 10 = high need) in the relevant sections on the table below.

Please tick only one box for your Lead Need; the one you feel contributes the MOST to your requirements.

AREAS OF NEED	SCALE 1 - 10	LEAD NEED	AREAS OF NEED	SCALE 1 - 10	LEAD NEED
Domestic Abuse			Homeless / Potentially Homeless		
Learning Difficulties			Chronic Illness		
Mental Health			Vulnerable Single Parents		
Alcohol Dependency			Vulnerable Two Parent Family		
Drug Dependency			Older Persons		
Refugee			Frail Elderly		
Physical Disability			People with Sensory Impairment		
Young People			HIV and AIDS		
Offending			Other (Please State)		

DECLARATION

PLEASE READ, SIGN AND DATE THE DECLARATION BELOW:

The information you have given on this form is confidential. It will be held on computer under the Data Protection Act 1998. If you have filled in this form on behalf of the applicant, please give your name, address and sign below.

I understand that:

You can use the information I have provided being given to Supporting People, Social Services and the Control Room to assist with the processing of my application for a Lifeline Alarm.

I also agree to the information being used to assist with future service planning.

I know I must let the council know about any changes in my circumstances.

I declare the information I have given on this form is correct and complete.

Signature of Applicant

Address of person completing form on behalf of the applicant, if applicable

Signature of person completing form on behalf of the applicant, if applicable

Date

FOR OFFICE USE ONLY

EQUIPMENT INSTALLED:

SERIAL NUMBERS:

GUARANTEE:

KEY SAFE CODE:

HOUSE TYPE:

HOUSE SIZE:

TENURE:

ADDITIONAL INFORMATION