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**Wolverhampton Telecare Service**

**Telecare application form**

# PErson detailS

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Post Code** |  |
| **Landline Tel Number** |  |
| **Ethnicity** |  |
| **GP Name** |  |
| **Surgery Name and Address** |  |

# relevant medical information

|  |  |
| --- | --- |
| **Provide the person’s medical history i.e. conditions important in the event of a medical emergency:** | |
| **Is the person capable of pressing a button to summon assistance in the event of an emergency?** | |
| Yes  No | **If NO, please give reasons why below:** |
|  |
| **Does the person have seizures or episodes of blackouts/losing consciousness?** | |
| Yes  No | **If YES, please give reasons why below:** |
|  |
| **Would the person have difficulties taking the appropriate action in the event of a fire in their home?** | |
| Yes  No | **If YES, please give reasons why:** |
|  |
| **Does the person have a working smoke detector?** | |
| Yes  No | |
| **Is the person using medical oxygen in their property?** | |
| Yes  No | |
| **Does the person/anyone in the household smoke** | |
| Yes  No If yes, does the person smoke in bed?  Yes  No | |
| **Does the person have difficulties with their hearing?** | |
| Yes  No | |
| **Does the person rely on others or equipment to move around their home freely?** | |
| Yes  No | **If YES, please provide further details below:** |
|  |
| **Do you have any other concerns relating to the person’s safety and maintaining their independence** | |
| Yes  No | **If YES, please provide further details below:** |
|  |

# property details 1

|  |  |
| --- | --- |
| **Please provide details on location for the main telephone point within the home:** | Main Living Room  Hallway  Bedroom  Kitchen  Other |
| **Is there a power socket within two metres of the phone socket located on the same wall?** | Yes  No |
| **The ceiling height is:** | Standard (requires step ladders)  High (requires high ladders) |
| **The ceiling texture is:** | Smooth  Textured coating |

# property details 2

|  |  |  |
| --- | --- | --- |
| **Please provide details about the property:** | | |
| Bungalow  House  Prefab | | |
| Maisonette | Floor level: | Ground  First  Second  Higher than second |
| Flat | Floor level: | Ground  First  Second  Higher than second |
| **Is there a shared entrance to the flats?** | | |
| Yes  No | **If yes, please provide details of entry (e.g. door entry system, key, keyfob):** | |
|  | |
| **Please state the tenancy type:** | | |
| Social Rented  Private Rented  Privately owned | | |
| **If rented, please provide details of landlord:** | | |
|  | | |

# risk assessment

|  |
| --- |
| **Please provide details of any risks accessing the property: (e.g. no lift access, pets in the property):** |
|  |

# additional residents

|  |  |  |  |
| --- | --- | --- | --- |
| **Resident 1** | **Name and Title** |  | |
| **Relationship** |  | |
| **Contact Details** | **Mobile** |  |
| **Work** |  |
| **e-mail** |  |
|  | | | |
| **Resident 2** | **Name and Title** |  | |
| **Relationship** |  | |
| **Contact Details** | **Mobile** |  |
| **Work** |  |
| **e-mail** |  |

# CARE AGENCIES AND EMERGENCY CONTACTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please provide details of care agencies involved in the care of the person requiring the alarm service:** | | | | | |
| **Care Agency Name** | |  | | | |
| **Contact Telephone Number** | |  | | | |
| **Care visit times per day (e.g. 10-10.30)** | | Monday | |  | |
| Tuesday | |  | |
| Wednesday | |  | |
| Thursday | |  | |
| Friday | |  | |
| Saturday | |  | |
| Sunday | |  | |
| **Provide details of any person able to act as a responder in the event of an emergency** - The service requires two contact names to act as emergency key-holder contacts.*\* Responder contacts should live within 30 minutes travel time from the property.**\*\* If two contacts cannot be provided you will be able to access the mobile responder service, as described in levels 2 & 4 in the section below* | | | | | |
| **Emergency contact 1** | **Name and Title** | | |  | |
| **Relationship** | | |  | |
| **Address** | | |  | |
| **Contact Details** | | | **Home** |  |
| **Mobile** |  |
| **Work** |  |
| **e-mail** |  |
|  | | | | | |
| **Emergency contact 2** | **Name and Title** | | |  | |
| **Relationship** | | |  | |
| **Address** | | |  | |
| **Contact Details** | | | **Home** |  |
| **Mobile** |  |
| **Work** |  |
| **e-mail** |  |
|  | | | | | |
| **Emergency contact 3** | **Name and Title** | | |  | |
| **Relationship** | | |  | |
| **Address** | | |  | |
| **Contact Details** | | | **Home** |  |
| **Mobile** |  |
| **Work** |  |
| **e-mail** |  |
| **Please provide details on how we can access the property in an emergency:** | | | | | |
|  | | | | | |
| **A key safe is required and will be provided where required to enable mobile responder service/emergency services access to the property in an emergency.** | | | | | |
| Is a key safe in place? | Yes  No | | If Yes, the key safe number will be securely requested at a later date | | |

# service charges

|  |  |  |
| --- | --- | --- |
| If the Telecare service is provided to anyone that is currently receiving care and support through Wolverhampton Council, the Telecare service would form part of an assessed charge; Telecare is also provided free of charge for the duration of any reablement support.  The Service is provided free of charge to people in receipt of at least one of the following benefits only **without** additional disability benefits (i.e. Attendance Allowance/Disability Living Allowance/Personal Independence Payment).  PLEASE TICK ANY BENEFITS YOU ARE IN RECEIPT OF :-   * Pension Credit (Guaranteed)  • Attendance Allowance (AA) * Income Support  • Disability Living Allowance (DLA) * Income-related ESA  • Personal Independent Payment (PIP) * Universal Credit (below established threshold) * Maximum Housing Benefit * Maximum Council Tax Reduction * Form DS1500 (prognosis of less than six months to live)   If an individual is in receipt of Attendance Allowance/DLA/PIP, the standard charge will be applied for the relevant level of service (irrespective of whether the individual is in receipt of the benefits listed above or not)  All other people living in Wolverhampton can access the Telecare Service for a weekly charge.  The Telecare Service levels are as follows:  **Level 1 (£3 per week):** The standard Telecare service comprising of an alarm unit, pendant, keysafe and smoke detector. This service level is available to people who have two responders who hold a key to their property and agree to respond to an emergency at any time. They could be a family member, neighbour or friend.  **Level 2 (£5 per week):** As Level 1, but including access to the mobile responder service provided by St Johns Ambulance which will visit the Telecare customer’s property as required.  **Level 3 (£7 per week):** As Level 1, but with a range of additional Telecare detectors and sensors appropriate to the customer’s needs. Like Level 1, this service is available to people who have two responders - either a family member, neighbour, carer or friend - who agree to respond to an emergency call as required.  **Level 4 (£9 per week):** As level 3, but with access to the mobile responder service provided by St Johns Ambulance | | |
| **Declaration:** | | |
| I qualify for a free Telecare Service  Yes  No | | |
| If you do not qualify for a FREE Service which service level do you wish to pay for :-  Level 1  Level 2  Level 3  Level 4 | | |
| *Please note that the person receiving the Telecare Service or a nominated individual will be required to sign an agreement form with the agreed charge per week before the Telecare Service can be provided:* | | |
| **Please provide details of who is to be contacted to discuss this application and charges:** | | |
| **Name and Title** |  | |
| **Relationship to the person** |  | |
| **Address** |  | |
| **Contact Details** | **Home** |  |
| **Mobile** |  |
| **Work** |  |
| **e-mail** |  |
| This form should be completed and sent to the Wolverhampton Telecare Service either via email to [telecare@wolverhamptonhomes.org.uk](mailto:telecare@wolverhamptonhomes.org.uk) or via the postal address below:  **Wolverhampton Telecare Service, Wolverhampton Homes, Parkfields,**  **Rough Hills Road, Wolverhampton, WV2 2HH**  If you require any assistance in completing this application form or would like to discuss any of the information requested above, please contact the Wolverhampton Telecare Service either via the email address above or via phone – **01902 553585**. Under the Data Protection Act 1998 the City of Wolverhampton Council is required to protect any personal information we hold about you and ensure we process it fairly and lawfully. You will find details on how we do this via <http://www.wolverhampton.gov.uk/article/1844/Privacy--cookies>  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Where did you find out about Telecare Service?**  Council Website  Health Professional  Word of mouth  Social Care Service  Social Media e.g. Facebook  other ………………………………………………………………….…..... | | |