

APPLICATION FOR TELECARE SERVICE

CONFIDENTIAL

PLEASE COMPLETE THIS FORM AND SEND TO:

Ealing Careline
Ground Floor
Perceval House
14-16 Uxbridge Road
Ealing
W5 2HL
Email: ealingcareline@ealing.gov.uk
Phone: **0300 123 2986**

SECTION 1 – Personal Details

| | | | |
|--|--|----------------------|--|
| Title (Mr, Mrs, Ms, Miss) | | | |
| First name | | | |
| Surname | | | |
| Address (Please Include Flat Position, if appropriate) | | | |
| | | | |
| | | | |
| Postcode | | | |
| Home phone number | | Mobile number | |
| Date of birth | | Age* | |
| Do you live alone? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

SECTION 2 – About why you need telecare

| | |
|---|--|
| 1. What are your reasons for applying for telecare? | |
| 2. Do you suffer from any serious medical conditions | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Do any of these conditions need immediate assistance in an emergency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you had any falls in the past 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|--|
| 5. Do you have any mobility aids to help you get around? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does someone from a carer or support service visit your home to help you on a regular basis? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Does a relative or close friend visit your home to give you care and support? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

SECTION 3 – Information we need to provide the telecare service

| | | | | | |
|-----------------------------------|------|---------|--------------|---------------------------|--|
| Medical | | | | | |
| Doctor's Name Address Phone | | | | | |
| Medical Conditions | | | | | |
| Next of kin | Name | | Relationship | | |
| Address Postcode | | | | | |
| Phone: | | Mobile: | | Key holder? Responder? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Emergency contact 1 | Name | | Relationship | | |
| Address Postcode | | | | | |
| Phone: | | Mobile: | | Key holder? Responder? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Emergency contact 2 | Name | | Relationship | | |
| Address Postcode | | | | | |
| Phone: | | Mobile: | | Key holder? Responder? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--|--|
| My electric socket is located on the same wall as my phone socket | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| My phone socket is no more than 2 meters away from an electric socket | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Who owns your property? <input type="checkbox"/> Privately owned <input type="checkbox"/> Council <input type="checkbox"/> Housing Association <input type="checkbox"/> Private landlord <input type="checkbox"/> Other (please specify): | |
| Who is your telephone line supplier? <input type="checkbox"/> BT <input type="checkbox"/> Talk Talk <input type="checkbox"/> Sky <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify): | |
| Do you have a key safe? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have smoke alarms? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you use oxygen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you a smoker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any pets at the premises? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Do you have any communication difficulties? (e.g. speaking or hearing):

SECTION 4 – Who else Lives with you

| Relationship to applicant | | | | | |
|-----------------------------------|---------|------------------|--|---------------------------|--|
| Mr/Mrs/Miss/Other | Surname | Forename | | | |
| | | | | | |
| Date of birth | | Phone | | Mobile | |
| Doctor's name Address/Phone No | | | | | |
| Medical conditions, if relevant | | | | | |
| Next of Kin | Name | Relationship | | | |
| Address Postcode | | | | | |
| Phone: | | Phone: Mobile | | Key holder? Responder? | Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |

SECTION 5 -To be completed if someone else is making this application on your behalf.

Referrer's details:

| | |
|-------------------------------------|--|
| Name of person making referral | |
| Job title/Relationship to applicant | |
| Organisation/ Contact address | |
| Phone | |
| Email address | |

Main reason why you think telecare is needed for applicant:

| | |
|---------------|--|
| State reasons | |
|---------------|--|

Client group

| | | | | | | | |
|---------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|-----------|--------------------------|
| Older Person | <input type="checkbox"/> | Dementia | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> | Child | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> | Physical Disability | <input type="checkbox"/> | Substance Misuse | <input type="checkbox"/> | Not Known | <input type="checkbox"/> |

SECTION 6 – Careline Charging

| Service Name | Service Type | Service Charge |
|--------------------|--|-------------------|
| Peace of Mind | 24/7 call monitoring | £58.37 Quarterly |
| Peace of Mind Plus | 24/7 call monitoring and response | £84.37 Quarterly |
| Freedom | 24/7 call monitoring in and outside of your home | £97.37 Quarterly |
| Freedom Plus | 24/7 call monitoring in and outside of your home. Response service to home address only | £110.37 Quarterly |

*Ealing Careline is a chargeable service. Current prices valid from 30/04/2018.
You can discuss payment options with the Careline installation staff.

Signed:

Date:

Print Name:

Date Referral Received:

If you have any further enquiries, or would like to discuss the service with a member of staff, please call **0300 123 2986**.