



# Application for Assist Service

**Please return form to:**

**Barnet Homes Assist, 25 Gadsbury Close, Goldsmith Avenue, Colindale, NW9 7EZ**

**If you need assistance filling in this form or to arrange a no obligation "on the spot installation" phone: 0208 359 4841**

**E-mail: assist@barnethomes.org**

Name/telephone number to arrange the installation (if not the client):				
Where did you hear about the service:				
<b>Your details</b>	Title	First Name	Surname	Date of birth
Name of first applicant				
Name of second applicant				
Address:				
Marital status:			E-Mail:	
Telephone number:				
Mobile phone number:			Religion:	
Does any one else live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>			Name	
If yes please give details			Relationship	
Is this person able to summon help in an emergency?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If no which language do you speak?				
Do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>				
Do you have a basic understanding of English and would you be able to reply to simple questions from the lifeline operator? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Do you have an electrical socket on the same wall within one metre of the phone point?

Yes  No  If not or the socket is in use please provide an extension lead

Do you have internet? Yes  No  Broadband  Dial up

## Your medical history

Please tick all the conditions that apply.

	You	2 <sup>nd</sup> applicant		You	2 <sup>nd</sup> applicant
Heart condition/angina	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	MS	<input type="checkbox"/>	<input type="checkbox"/>
Breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	History of falls	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Sight problems	<input type="checkbox"/>	<input type="checkbox"/>

**Please list any relevant condition not mentioned above**

### Doctor's information

Doctor's name	Phone number day
Address	Phone number night

### Home care (tick as appropriate)

Home care	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Which care agency provides your care:							
Agency phone number:							

## Emergency contacts

Please provide details of relatives, friends or neighbours who are willing to be contacted in an emergency or if you require assistance. To provide effective support, contacts must:

- 1) Have a key to your property**
- 2) Live within a reasonable travelling distance from your home.**
- 3) Be willing to help at any time (you can state if one of your contacts is only available daytime or evening).**
- 4) Have a phone.**
- 5) Have been informed and agree to be a nominated contact.**

The Assist service also offers a mobile response service for those clients who have one or less local emergency contacts with keys. Please list your emergency contacts in order of preference below:

Name of first contact	Relationship	
	Telephone numbers	
Address	Home	
	Work	
	Mobile	
Does contact have keys    Yes <input type="checkbox"/> No <input type="checkbox"/>		Availability

Name of second contact	Relationship	
	Telephone numbers	
Address	Home	
	Work	
	Mobile	
Does contact have keys    Yes <input type="checkbox"/> No <input type="checkbox"/>		Availability

Name of third contact	Relationship	
	Telephone numbers	
Address	Home	
	Work	
	Mobile	
Does contact have keys    Yes <input type="checkbox"/> No <input type="checkbox"/>		Availability

## Costs

Call 0208 359 4841 to ask for more information on any of these or our other services.

### Option A –

I wish to rent an alarm unit and receive emergency call monitoring from Barnet Homes. I understand that there is a weekly charge of £3.45 (payable quarterly £44.85).

### Option B –

I wish to rent an alarm unit, receive emergency call monitoring and receive emergency mobile response from Barnet Homes. I understand that there is a weekly charge of £4.70 (payable quarterly £61.10p)

### Key safe –

I wish to purchase a police approved key safe from Barnet Homes for a one off payment of £96.00. This includes fitting and a key safe.

If you are chronically sick or have a disabling condition you may be exempt from paying V.A.T. You will be given a form to complete on installation of your lifeline unit

## Signature

Your signature:	
Print name (capital letters):	
Date:	

If referred by a professional please list details below:

Name of referrer:	
Organisation of referrer:	
Telephone number of referrer:	
Date of referral:	

## Ethnic and equalities monitoring

Barnet Homes is committed to making sure that our services are available to everyone. To achieve this, please complete this form. It gives us accurate information about who uses our services, so we can ensure our services meet the needs of all those people we serve.

**All information given will be treated in confidence and only used for the purpose stated.**

**Please tick the appropriate box**

### 1. White

British

Cypriot

Irish

Any other white background

Please specify:

### 2. Mixed

White and black Caribbean

White and black African

White and Asian

Any other mixed back ground

Please specify:

### 3. Black or black British

Caribbean

African

Any other black background

Please specify:

### 4. Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

5. Any other Asian background

Please specify:

6. Any other ethnic group

Please specify:

7. Prefer not to give

### Office use only

Date application received: