Adults and Communities

Self Assessment Form

For Equipment, Minor Adaptations and Small Home Care Packages

General Information

- Please answer the relevant questions by printing clearly in black ink.
- To ensure that you receive the appropriate services to meet your needs, it is important that you complete this form in as much detail as possible.
- If you require assistance to fill in the self assessment form, please see the separate sheet in this pack for a list of organisations who can help you. Otherwise, please call the Social Care Direct Team on **020 8359 5000**.
- You should return the form to the address at the end of this booklet.

What happens next?

For Occupational Therapy equipment and minor adaptations:

- When you have completed the form, please return it to the Occupational Therapy Team within **10 working days**.
- When we receive your form we will look at your previous assessments and we may contact your GP or other professionals for more information.
- We will let you know if we believe you need a change to your existing service(s) or need to receive some equipment or an adaptation from Adults and Communities.
- If you need an adaptation, we will send you a **sketch form** with accompanying guidance notes. You will be required to provide us with further information and measurements dependant on which adaptation you require.
- We will then arrange for a technician to deliver and install the equipment within 7 working days.
- An occupational therapist or social worker will arrange to visit you to check that all the work carried out for you was satisfactory and meets your needs.
- If you **do not** meet the criteria for equipment or an adaptation, we will send you a letter and an information pack that will help you to privately buy equipment yourself.

For small home care packages:

- If you return the self-assessment form indicating a request for home care, the form will be passed to a social worker who will check if you qualify for a service.
- If you do not qualify, we will let you know about other services that may help you. If your request indicates more than 7 hours per week are necessary we will arrange a home visit first.
- If you are eligible, a social worker will contact you to discuss a care plan. We will explain any charge that you may have to pay before the service is put in place.
- When the home care has been on-going for four weeks, a social worker will visit to check that the home care package is appropriate and satisfactory.

Section A

- Please complete **all** questions marked with an *****.
- Please give us the address that we should use for all correspondence.

About Yourself *(The applicant)*	
1. Title (Mr/Mrs/Miss/Ms)	*
2. Last name	*
3. First name(s)	*
4. Date of birth	*
5. Gender (Male / Female)	*
6. Full address and postcode	*
7. Home phone number	*
8. Work / mobile phone number	
9. Next of Kin name and relationship to you	
10. Next of Kin contact phone number	
SWIFT Number *(for office use only)*	

Section B

About where you live

1. Who owns your home? *(please tick)*

a. I am an owner occupier ☐ b. Private Landlord ☐

c. Barnet Council ☐ d. Housing Association ☐

2. If your home is owned by a private landlord or a housing association please provide their full contact details.

Their name:	
Their address and postcode:	
Their phone number:	

3. Please describe your home (please tick one box):

House ☐ Bungalow ☐ Flat ☐

4. Do you live alone? Yes ☐ No ☐

If **no**, who lives with you?

Name:	Relationship	Age

5. Please tell us about your accommodation:

- *Location*. Is your home conveniently situated for the shops or getting out? Do you have adequate access to public transport?
- *Access.* This concerns access to your home. Is there a pathway or driveway to access your home? Is the access to your home sloping or flat? Are there stairs to reach the property? Are there external rails to help you enter your doorway?
- *Suitability.* What is the layout of your home? Does it have a downstairs toilet? Are there stairs inside the property? Is there anything that would make life easier?
- *Heating*. What kind of heating do you have? Is it easy to operate? Do you ever have difficulty keeping warm in the winter?
- *Problems.* Are there any problems in your home environment that may need attention? For example, obstacles that you may fall over.
- *Risks.* Do you have any safety concerns about your property? For example, Is the entrance to your house sometimes slippery or blocked?

(Use a separate sheet if necessary)

Section C

About your general health

1. Please tell us about your medical condition, any physical and sensory disabilities and your mental health.

- Do you have any ongoing conditions or chronic or life threatening illnesses?
- Are you unable to carry out daily routine tasks due to physical problems in your upper or lower limbs such as illness, injury, paralysis, stiffness and weakness?
- Are you able to speak and express yourself clearly to others? Do you have any problem with your vision / eyesight? Are you able to hear clearly?
- Do you have problems with your memory? Do you have problems with orientation, for example knowing where you are? Do you have difficulty with your attention span, concentration, and understanding? Do you suffer from Depression? Do you suffer from anxiety? Do you suffer from phobias?
- Do you receive: physiotherapy for reduced mobility, dialysis, chiropody, insulin injections for diabetes, dressings for pressure sores?

(Use a separate sheet if necessary)

(a) **What is your weight? .....** (b) **What is your height? .....**

2. **Do you have any continence difficulties?** Yes ☐ No ☐

(a) If **yes**, are these: Urinary ☐ Faecal ☐ Both ☐

3. (a) **Have you recently been in hospital?** Yes ☐ No ☐

If yes, please tell us which hospital, why you were there and date you left. Only answer **yes** if your hospital visit was in the last **12 months**. Please provide full details of any recent (in the last 12 months) procedures or operations.

4. Have you been provided with equipment and adaptations from social / nursing services following your discharge from hospital? Yes ☐ No ☐

(Please only answer if you have been recently discharged from hospital. Use the following information to guide your answer).

- **Equipment** - Equipment is provided to people who need help with daily activities that they cannot undertake on their own, for example, getting into the bath, using the stairs, walking around steadily, and recovery from an operation. *Examples include* - bath boards, bath seats, perching stools, chair and bed raisers, hoists etc.
- **Adaptations** - An adaptation is an alteration to your home which will provide facilities that help you live as independently as possible. *Examples include* - stair rails, grab rails, external rails, steps and door entry systems.

5. Have you fallen in the last 3 months? Yes ☐ No ☐

(a) If yes, please tell us where you fell and why.

(b) Did the fall result in you being admitted to hospital? Yes ☐ No ☐

If yes, please give details of the date of admission and the name of the hospital:

Section D

About your personal and social circumstances

1. Please tell us about any support you receive from family, friends and neighbours:

- *Examples include - help with shopping, cooking, bathing, dressing etc.*

2. Please tell us about your social activities, hobbies, interests, education and any work:

- *Please answer this question based on your usual routine in past few weeks.*
- *How do you spend your time? Do you attend a local day centre/club/cultural group?*
- *Can you manage to use the local community services that you would like to? (post office, library, theatre, place of worship etc)*

3. Please tell us about any relevant cultural / spiritual / religious issues:

- *What is your preferred language? Do you require an interpreter?*
- *Do you follow any customs that could impact upon the times of assessments / technician visits i.e. prayer times, Sabbath observance?*
- *Do you have any special dietary food requirements?*

Section E

Services you currently receive (if any)

1. Do you receive help from any of the following services?

Please read the following explanations of each term before answering this question. If you do not receive help from any of the listed services please move on to question 3.

- **Home care** – Home care services help with your personal and domestic needs. Tasks may include help with getting up, washed, dressed, shopping, pension collection.
- **Day care** – Day centres and lunch clubs offer a variety of services and some are for specific community groups or for people with specific needs.
- **District nurse** – District nurses work primarily with patients who are housebound or whose care is best provided away from the surgery for other reasons. They dress wounds and ulcers, give injections and checking medication etc.
- **Home Meal** – Meals delivered to your home. The Home Meals service is available for people who have difficulty in preparing their own food. Meals can be provided to meet a range of dietary and cultural needs.
- **Social Worker** – Social workers are based in hospitals or social services departments and are employed by local authorities. Social workers assess and help people who have personal and social problems.
- **Physiotherapist** – Physiotherapists carry out treatment in hospital or in people's homes. Treatment could include improvement in balance, mobility and muscle strength.
- **Occupational Therapy** – Occupational therapists assess the needs of people that have significant difficulty in carrying out essential activities of daily living for example getting in and out of bed, getting on and off the toilet etc.
- **Mental Health Service** – Mental health teams support and treat individuals who have mental health problems. This includes people with depression, anxiety, psychoses or dementia.

(Please tick)

Home care	☐	Day Care	☐	District Nurse	☐
Home meals	☐	social worker	☐	Physiotherapist	☐
Occupational Therapy			☐	Mental Health Services	☐

(a) If yes, please give details.

(b) Please specify if you receive help from any voluntary or private organisations.

- *Examples of voluntary organisations include Age UK Barnet, Barnet Centre for Independent Living, FIN (Friend in Need), Alzheimer's Society, Barnet Mencap, Barnet Carers Centre, luncheon clubs.*
- *Examples of private organisations include private hospitals, private physio.*

Section F

Are you an unpaid carer for someone else?

1. Do you care for a relative or friend? Yes ☐ No ☐

If so, please tell us about the person you care for:

Name:	Relationship:	Age:

2. If you do care for a relative or friend, do you have any needs and concerns?

- *Examples include: caring is restricting your social life or is stressful, you feel that you need a break, you have health problems yourself.*

(Use a separate sheet if necessary)

Section G

About your financial circumstances

1. If home care services are arranged for you, you will need to complete a financial assessment form, but it would be helpful to know whether you have any of the following:

	Yes	No
• **Occupational / Private pension**	☐	☐
• **Pension Credit**		
▪ Guarantee Credit	☐	☐
▪ Savings Credit	☐	☐
• **Income Support**	☐	☐
• **Incapacity Benefit**	☐	☐
• **Housing Benefit**	☐	☐
• **Council Tax Benefit**	☐	☐
• **Child Benefit / Child Tax Credit**	☐	☐
• **Earnings / Working Tax Credit**	☐	☐
• **Disability Living Allowance**		
- Care Component - Higher Rate	☐	☐
▪ Middle rate	☐	☐
▪ Low Rate	☐	☐
- Attendance Allowance - Higher Rate	☐	☐
▪ Middle Rate	☐	☐
▪ Low Rate	☐	☐
• **Carer's Allowance**	☐	☐

2. Please tell us about any other income/benefits.

▪ *Examples – property rent, shares, property abroad.*

3. Do you have any current problems with your income or benefits?

▪ *Examples – are you in debt? Do you find it difficult to pay bills?*

Section H

Getting around at home				
Please tick the box which most closely describes your situation. Please answer all the questions with one tick only.				
	Able	**Able with difficulty**	**Able with help**	**Not able**
Access at your home				
Can you get in/out of your home?	☐	☐	☐	☐
Can you open the door to let people in?	☐	☐	☐	☐
Can you manage one or two steps?	☐	☐	☐	☐
Can you manage your stairs?	☐	☐	☐	☐
Can you get to your toilet?	☐	☐	☐	☐
Is your toilet: Upstairs? ☐ Downstairs? ☐	Please add any comments about access.			
Transferring yourself				
Can you get on / off your wheelchair?	☐	☐	☐	☐
Can you get on / off your toilet?	☐	☐	☐	☐
Can you get on / off your chair?	☐	☐	☐	☐
Can you get in / out of your bed?	☐	☐	☐	☐
Can you get in / out of your bath?	☐	☐	☐	☐
Shower facilities Do you have an electric shower over your bath? Yes ☐ No ☐ Do you have a level access shower? Yes ☐ No ☐ Do you have a shower cubicle? Yes ☐ No ☐	Please add any comments about transfers, including any problems you have using shower facilities.			
Personal Care				
Can you dress/undress yourself?	☐	☐	☐	☐
Can you wash yourself all over?	☐	☐	☐	☐
Can you manage your toilet hygiene?	☐	☐	☐	☐
Can you feed yourself?	☐	☐	☐	☐
Do you need help with taking medication? Yes ☐ No ☐	Please add any comments about personal care.			

	Able	Able with difficulty	Able with help	Not able
Domestic Care				
Can you get yourself a drink/snack?	☐	☐	☐	☐
Can you prepare a cooked meal?	☐	☐	☐	☐
Can you do your own laundry?	☐	☐	☐	☐
Can you do your own housework?	☐	☐	☐	☐
Can you do your own shopping?	☐	☐	☐	☐
Can you collect your pension? Yes ☐ No ☐ Can you pay your bills? Yes ☐ No ☐	Please add any comments about domestic care.			

	Indoors	Outdoors
Your Mobility		
Do you use any of the following:		
Electric Wheelchair?	☐	☐
Self propelled wheelchair?	☐	☐
Attendant propelled wheelchair?	☐	☐
Walking frame (zimmer)?	☐	☐
Walking stick or crutches?	☐	☐
	Please add any comments about your mobility.	

	Yes	No
Transport		
Are you able to drive?	☐	☐
Can you get in / out of a car?	☐	☐
Do you have a Blue Badge?	☐	☐
Do you receive taxi vouchers?	☐	☐
Can you use dial a ride?	☐	☐
Are you able to use public transport?	☐	☐
	Please add any comments about transport.	

Section I

About your request

1. Please tell us about your current difficulties in order of importance.

Please detail all your difficulties including anything already mentioned on the form.

2. a. Do you think there would be a serious risk to your health, independence or general well-being if you were not provided with the services that you have asked for?

Yes ☐ No ☐

b. If yes, please give us details about this.

Use a separate sheet if necessary.

3. How do you think Adults and Communities can help you?

Would you like Adults and Communities staff to:

- *Assess your needs for home care?*
- *Provide some minor equipment, for example a commode or bathing equipment?*
- *Provide some small adaptations to your house, for example to install grab rails?*
- *Refer you to other organisations who can offer advice in areas such as leisure and education?*

Section J

Equalities Monitoring Form

Barnet Council aims to provide high quality services that meet the needs of local people. We monitor the delivery of our services to ensure that it is representative and that all service users are treated fairly. In addition, we are legally committed to promoting race equality, under the Race Relations (Amendment) Act 2000, disability equality under the Disability Discrimination Act 2005 and gender equality from the Equality Act 2006 to everything the Council does. There is also other legislation which instructs the council and other service providers to make sure that people are not prevented from accessing goods and services.

As part of the council's commitment to ensure that we are not inadvertently preventing people from accessing goods and services on the basis of their disability, faith/belief or sexual orientation, we would like you to share some personal information about yourself. The council believes it is important to understand the different types of communities who use our services and it is only by asking you these questions that we can be confident we are meeting your needs. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998.

The Disability Discrimination Act 1995 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long-term is taken to mean more than 12 months and would also cover long term illness such as cancer and HIV or mental health problems.

Disability
Do you consider yourself to be a disabled person? Yes ☐ No ☐

What is your faith or belief?					
Buddhist	☐	Sikh	☐	Hindu	☐
Christian	☐	Muslim	☐	Jewish	☐
Agnostic	☐	Humanist	☐	Jain	☐
Atheist	☐	Prefer not to say	☐	Baha'i	☐
Any other religion	☐	If ticked, please specify:			
Non-Religious Groups	☐	If ticked, please specify:			

What is your gender?		
Female ☐	Male ☐	Trans-gendered ☐

What is your sexual orientation?			
Heterosexual ☐	Bisexual ☐	Gay man ☐	Lesbian ☐
Prefer not to say ☐	Other ☐	If 'other' please specify:	

What is your ethnic group?		
Asian or Asian British: Indian	☐	A1
Asian or Asian British: Pakistani	☐	A2
Asian or Asian British: Bangladeshi	☐	A3
Asian or Asian British: Other	☐	A9
Black or Black British: Caribbean	☐	B1
Black or Black British: African	☐	B2
Black or Black British: Other	☐	B9
Chinese	☐	O1
Mixed: White & Black Caribbean	☐	M1
Mixed: White & Black African	☐	M2
Mixed: White & Asian	☐	M3
Mixed: Other	☐	M9
White: British	☐	W1
White: Irish	☐	W2
White: Other	☐	W9
Refusal	☐	NS
Other Ethnic Group	☐	O9

If other, please specify:

What is your preferred language?

Written	
Spoken	

Is an interpreter required? Yes ☐ No ☐

Please indicate if you would prefer information in a more accessible format, for example large print, Braille, audio tape, Easywords © or pictorial format.

Data Protection Statement

Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit www.barnet.gov.uk/privacy

Section K

Your signature

1. I have completed the details required in this form and declare that this is a true representation of my personal circumstances and that the facts given are true to the best of my knowledge. I consent to it being held on file under the terms of the Data Protection Act 1998.

   Applicant's full name (in capital letters)……..

   Applicant's signature…… Date……..

If you had help completing this form

2. If you have had help completing this form, the person who has filled it in must sign and date the form below stating their relationship to the applicant, or your professional job title. Please provide your telephone number and give the reason why the applicant was unable to complete the form.

   Full name (in capital letters)……

   Signature…… Date……...

   Phone number…… Relationship to applicant ……

   Reason applicant did not complete form ……..

   Is applicant aware of referral? ……..

Your consent for us to contact your GP and other professionals

3. It may be necessary for us to contact your GP / other professionals to clarify information that you are providing. Please provide the name, address and telephone number of your GP below, and tick the box to confirm that you give us consent to do this:

   GPs full name (in capital letters)……..……

   GP / Professional's Name……Phone Number…….……

   Address……..……

   I give my consent for information to be shared about me. ☐ *(please tick the box)*

Consent to obtain medical information

4. I understand my statutory rights under the "Access to Health Records Act 1990" are: 'A right of access to health records by the individuals to whom they relate and other persons; to provide for the correction of inaccurate health records and for the avoidance of certain contractual obligations; and for connected purposes'.

   In connection with my request for services from the Occupational Therapy Team, I give consent for them to be provided with medical information concerning me.

   I do ☐ / I do not ☐ wish to see such a report before it is sent to the Occupational Therapy Team *(please tick)*

Thank you for completing this form.

Please post your completed form to:

Occupational Therapy (Self Assessment),
***POST ROOM,* Adults and Communities, London Borough of Barnet,**
North London Business Park, Oakleigh Road South, London N11 1NP