MBI HOMECARE

Service User Application Form

MBI Homecare is a Domiciliary Care Agency designed to enable people, who need care and support, to continue living independently in their own home with staff available 24/7 to make this possible.

The aim of this form is to give us a picture of your needs and the kind of help you would require.

Are you registered on the Council waiting list YES☐ NO☐

Please give registration number: ____________

Name: ____________ **Date of Birth:** ____________

Address: ____________

____________ **Postcode:** ____________

Telephone: ____________ **Mobile:** ____________

Name(s) of anyone who lives with you: ____________

Why do you want domiciliary care?
(Please tick the box which applies to you)

☐	To give a break to my family member	☐	Nearer to relatives
☐	Server loneliness/anxiety	☐	Don't want to leave home
☐	Needs Care Services	☐	Other reasons (Please Specify)

____

What kind of care are you interested in?

☐ Personal Care	☐ Domestic Care	☐ Social Care
☐ Dietary Care	☐ Medication Care	☐ Companionship
☐ Escort	☐ Emotional Support	☐ Encouragement
☐ Stimulation	☐ Shopping	☐ Sitting Service

Funded by: ☐ **Social Services**
☐ **Private (please sign the Private Patient Service Agreement)**

Invoice Name and Address of Private Funder (if different to the above address)

Do you have any illnesses that impact on the quality of your life?

Please tick the box that applies to you for each of the activities listed below:

<u>Domestic Tasks</u>	**I can manage by myself**	**I need someone to help me**
Cleaning	☐	☐
Shopping	☐	☐
Laundry: washing and ironing	☐	☐
Money: Collecting pension and paying bills	☐	☐
Lighting fire	☐	☐
Cooking meals	☐	☐
Preparing: snacks and drinks	☐	☐

Moving About	I can manage by myself	I need someone to help me
Walking: Indoors and Outdoors	☐	☐
Getting up off a chair	☐	☐

Do you use:	Yes	No
Wheelchair indoors	☐	☐
Wheelchair outdoors	☐	☐

Personal Care	I can manage by myself	I need someone to help me
Bathing/Showering	☐	☐
Washing/Shaving	☐	☐
Getting in/out of bed	☐	☐
Dressing/Undressing	☐	☐
Using the toilet	☐	☐
Eating/Cutting up food	☐	☐
Taking medication	☐	☐

	Yes	No
Do you regularly need help during the night?	☐	☐

Do you need help with any of the following problems?	Yes	No
Skin irritation/wounds	☐	☐
Incontinence/bladder bowels	☐	☐
Depression/anxiety	☐	☐
Pressure sores	☐	☐
Server Pain	☐	☐
Other	☐	☐

Social contact	Regularly	Occasionally	Very Rarely
How often do you see friends/relatives?	☐	☐	☐

With glasses or a hearing aid is your:	Good	Average Poor	Unable to See
Sight			
Hearing			

Are you already receiving care services from Social Services? If so, which of the following services do you receive?	Yes	No
Help with housework		
Help with personal care (e.g. bathing, getting up, dressing etc.)		
Meals on wheels		
Day centre		
Do you receive attendance allowance?		

In order to consider your application for domiciliary care we will need to contact Social Services about the care services you will require.

Are you willing for us to contact Social Services about this? YES ☐ NO ☐

Please give the name of your Social Worker:

Signed: **Date:**

If you have completed this form on behalf of somebody else, please provide us with your details below.

Name:

Address:

Postcode: **Tel:**

Please send this form to:

MBI Homecare Ltd, Steeple House, Unit 10, Percy Street, Coventry, CV1 3BY

THANK YOU FOR COMPLETING THIS APPLICATION!