

WOODLANDS QUAKER HOME FOR OLDER PEOPLE
434 PENN ROAD, PENN, WOLVERHAMPTON, WV4 4DH
TEL: 01902 341203 FAX: 01902 337302
Email: woodlandsquaker@btconnect.com

General Manager: Bev Price

APPLICATION FOR RESIDENCE

GENERAL INFORMATION:

NAME..... MARITAL STATUS.....

ADDRESS.....

.....

POST CODE..... TELEPHONE NUMBER.....

DATE OF BIRTH..... PLACE OF BIRTH.....

FORMER OCCUPATION..... RELIGION.....

NEXT OF KIN/ADVOCATE:

1, NAME..... 2, NAME.....

ADDRESS..... ADDRESS.....

.....

POST CODE..... POST CODE.....

TELEPHONE..... TELEPHONE.....

EMAIL..... EMAIL.....

REASON FOR ADMISSION.....

MEDICAL INFORMATION

DOCTOR & ADDRESS.....

.....

TELEPHONE.....

NATIONAL HEALTH SERVICE NUMBER.....

HEARING..... VISION.....

SMOKER.....

PAST MEDICAL HISTORY.....

.....

.....

MEDICAL INFORMATION continued..

PRESENT HEALTH INFORMATION.....

ALLERGIES: FOOD.....

ALLERGIES: MEDICATION.....

PRESENT MEDICATIONS.....

SPECIAL DIETARY NEEDS.....

SOCIAL INFORMATION:

HOBBIES & INTERESTS.....

SOCIAL GROUPS (eg Church, Day Centre, Clubs).....

SOCIAL CONTACTS (eg Family & Friends).....

FINANCIAL INFORMATION

SOURCE OF FUNDING: PRIVATE.....LOCAL AUTHORITY.....

DO YOU NORMALLY PAY FOR YOUR DENTAL / OPTICAL TREATMENT? YES/NO

SOCIAL SERVICES FINANCIAL ASSESMENT (if applicable)

Has this been carried out?

SOCIAL WORKER:.....CONTACT NUMBER.....

ADDITIONAL INFORMATION:- Type of Residency Required

Main House..... Spinney (OMI Unit).....

Are you looking for residency : ASAP IN THE NEXT 6MTHS IN THE NEXT YEAR +

TYPE OF ROOM REQUIRED/PREFERRED SINGLE.....SINGLE ENSUITE.....

HOW LONG WOULD YOU WISH TO STAY ON THE WAITING LIST.....

(Please can you inform us should you wish to withdraw your application)

SIGNATURE OF APPLICANT.....DATE.....

NOTE: to be placed on the waiting list you need to return the completed form.