

APPLICATION AND ASSESSMENT FOR CARELINE ALARM										
PLEASE USE BLOCK CAPITALS										
Resident One										
Title		First Name		Surname						
Address										
Phone				Post Code						
DOB				Religion						
Medical Details (illness/disabilities/wheelchair user etc)										
Doctor Details										
Address										
				Phone						
Notes (hospital within the last 2 years show date)										
Resident Two										
Title		First Name		Surname						
DOB				Religion						
Medical Details (illness/disabilities/wheelchair user etc)										
Doctor details										
Address										
				Phone						
Carers:										
Meals On Wheels:										
Property criteria required				House	Bungalow	flat	bed-sit			
				Private	Council	Sheltered				
I have a telephone socket				Yes	No					
Spare electric socket nearby				Yes	No					
I have two key holders				Yes	No (if No Key safe is required)					
Key safe	Yes	Number		No (if no we can hold a key securely)						
THIS INFORMATION IS COVERED BY THE 1998 DATA PROTECTION ACT										

KEYHOLDERS MUST LIVE NEARBY AND MAY BE CALLED ANY TIME OF DAY OR NIGHT. FOR THIS REASON DO NOT ASK ELDERLY OR FRAIL PERSONS TO ACT AS KEYHOLDERS

Contact 1

Name								
Address								
Home Phone					Work No			
Mobile					Relationship			
Key holder	Yes	No	NOK	Yes	No	Emergency	Yes	No

Contact 2

Name								
Address								
Home Phone					Work No			
Mobile					Relationship			
Key holder	Yes	No	NOK	Yes	No	Emergency	Yes	No

I have confirmed with contacts that they are aware of their responsibilities

FOR CARELINE USE ONLY

Risks Please Put on Answerlink under notes

• Pets	Yes	No	Concerns					
• Is there a risk to a lone worker	Yes	No	Concerns					
• Any Risks to staff should client fall	Yes	No	Concerns					
• Do you recommend the use of lifting aids	Yes	No						
• Health and Safety Concerns for Service User (e.g. poor lighting, dangerous electrics, unhygienic conditions)								

Client ID number					Serial			
Housing Benefits	Yes ref no.					No		
Income Support	Yes ref no.					No		
Disability Living Allowance (does not contribute to alarm being free)								
Pensioners Credit (does not contribute to alarm being free)								
Quarterly invoice	Yes				No			
Invoice Address								

Installation of Alarm by					Date			
If refused, please put reason								