

 $A \square S \square$ 

Name:			DoB:	
Address:				
			Postcode:	
Telephone:		Email:		

Home owner? Yes/No Poole Housing Partnership? Yes/No Landlord details:

Please return to SAIL Co-ordinator, Age UK Dorchester, Rowan Cottage, 4 Prince of Wales Road, Dorchester, Dorset, DT1 1PW Email: SAILadmin@acdorchester.org

Male / Female (please circle)

Email: <u>S</u>	AlLadmin@acdorchester.org Male / Female (please circle)						
Security and Fire Safety							
Would you like advice from your Safer Neighbourhood Team regarding home security, or a recent incident of Yes / No							
crime or anti-social behaviour in your area? – Dorset Police							
Do you find it difficult to keep your garden tidy? – POPP Wayfinders/Age UK Bournemouth/Help & Care							
Have you	recently had some work done on your home o	or gard	en by a trader who called unexpectedly? -Trading	Yes / No			
Standards/BBC Environmental Health & Consumer Services/BoP Environment & Consumer Protection							
Would you	ı like a Home Safety Check? Do you need wor	king sn	noke alarms? – Dorset Fire and Rescue Service	Yes / No			
Health and Wellbeing							
Would you like support to stop smoking/drinking alcohol/substance abuse? Please circle NHS SMART							
Have you had a fall in the last three months and NOT been referred to Community Rehabilitation Team or							
community physiotherapist? - Encourage client to self-refer to GP							
Would you like support for a hearing impairment or other disability? If yes please specify;							
POPP Wayfinders/Bournemouth Care Direct/BSVI/BoP ASC Help Desk							
Would you like support for a visual impairment? Dorset Blind Association/BSVI							
Is your home cold? Would you like advice about keeping warm, saving energy and the grants available to help							
with heating and insulation? - Dorset Energy Advice Centre							
Would you like Care Line/Life Line service? - Signpost/Bournemouth Careline/BoP Lifeline/Telecare							
Would you	ı like information about lunch clubs, meals on	whee	<b>ls etc.</b> - Dorset POPP/Bournemouth Care Direct/Help	Yes / No			
& Care  Would you like to talk to someone about local social activities, exercise classes or community  Yes / No							
Would you like to talk to someone about local social activities, exercise classes or community							
learning/educational courses? - POPP Wayfinders/Age UK Bournemouth/Help & Care							
-	u like to speak to someone about services for	house	oound people? - POPP Wayfinders/Bournemouth	Yes / No			
Care Direct/BoP ASC Help Desk  Are you worried about memory loss, or care for someone with this condition and would like to speak to the  Ye							
-			this condition and would like to speak to the	Yes / No			
	dvisory Service? — Dorset Memory Advisory Servi		t from managing and monitoring your condition	Yes / No			
Do you suffer from a heart or lung condition and would benefit from managing and monitoring your condition							
independently - NHS Telehealth							
Living Conditions  Are you worried about the condition/repair/maintenance of your home? - LA/HIAs/Bournemouth Care Direct/ BBC Yes / No							
Are you worried about the condition/repair/maintenance of your home? - LA/HIAs/Bournemouth Care Direct/ BBC Housing Landlord Services/BoP ASC Help Desk/Poole Housing Partnership							
Do you have any difficulties using bath/toilet/kitchen facilities? Or difficulties getting in and out of your home, or using stairs? - LAs/HIAs/Bournemouth Care Direct/ BoP ASC Help desk/ Dorset Home Service							
Income and Finance							
Would you like someone to help check that you are receiving all the income that you are entitled to? – DCC Yes / No							
-	am/CAB/BBC Resources/BoP Benefits		,	1007.10			
Are you having trouble paying your bills? – CAB							
Are you having trouble paying your bills? – CAB Yes / No							
Visited by:		From					
l		] ]					
Telephone:		Date:					
relephone.		Date.					
Remarks:							
IMPORTANT: This must be read to the client "In signing this form you are consenting to this information being should with results as							
<b>IMPORTANT</b> : This must be read to the client "In signing this form you are consenting to this information being shared with partner organisations in accordance with the Data Protection Act 1988"							
organisatio			who no to domonstrate you have discussed this with the	o client			
Please tick here if completing by phone to demonstrate you have discussed this with the client $\Box$							
Signed (client/representative):							

**Revised November 2012**