



Care Manager Assessment under the Community Care Act 1990

The purpose of the assessment is to confirm the three following areas:

- 1 The suitability of the applicant to be rehoused in a Shared Ownership Home.
- 2 The applicant's ability to understand the transaction by indicating the current state of their mental capacity.
- 3 The Local Authority's willingness to support the proposition with appropriate funding.

CARE MANAGER CONTACT DETAILS - this section contains your contact details

What is your title?

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other _____
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What is your first name and surname?

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What is your job title?

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What is the name of your Local Authority?

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What is your employer's address?

What is your daytime phone number?

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If you have a mobile phone, please give the number

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If you have an email address, please write it in here

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APPLICANT CONTACT DETAILS - this section contains the applicant's contact details

What is their title?

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	<input type="radio"/> Other _____
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What is their first name and middle names?

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What is their surname?

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What is their full address?

What is their evening phone number?

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What is their daytime phone number?

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If they have a mobile phone, please give the number

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If they have an email address, please write it in here

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As far as they are aware, they have a good credit rating

<input type="radio"/> Yes	<input type="radio"/> No
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APPLICANT ASSETS - This section contains details of the applicant's money

What is the total money you have in savings and investments?

DESIRED PROPERTY - This section contains details of the home the applicant would like to buy

What type of home would they like to buy?

 House Flat

How many bedrooms would they like?

 1 2 3 4 or more

In which town would they like to live?

Who will live with them - please tick as many as you like?

 My Own Children Spouse/Partner Friend Parent(s)

DISABILITY - the section confirms the applicant is disabled

The definition of a disabled person is "a person in respect of whom a disability premium, a disabled child premium, a pensioner premium for persons aged 75 or over or a higher pensioner premium is included in his/her applicable amount or the applicable amount of a person living with him/her. A disabled person is also someone who is a non-dependant who had he/she been entitled to Income Support would have had these premiums included in is/her applicable amount".

(Paragraph 1, Schedule 3 Income Support Regulations 1987).

The applicant is disabled within the meaning of the definition of disability contained in Paragraph 1,

Schedule 3 of the Income Support Regulations 1987?

 Yes No

ACCOMMODATION AND CARE - the section confirms the applicant will be better suited with a home of their own and they will receive a suitable care package

In order for a disabled person to successful claim State Benefits, they must be able to satisfy the test of "needing alternative accommodation more suited to the needs of a disabled person". Your assessment needs to address this issue - it will be used to support the applicant's claim.

The applicant has been assessed by me within the terms of the Community Care Act 1990 as needing alternative accommodation more suited to the special needs of a disabled person?

 Yes No

The applicant will receive an appropriate care and support package from the Local Authority that will enable them to live in their chosen home?

 Yes No

Please provide contact details of the organisation that will provide care and support to the applicant in their new home.

Name of the organisation

I would like Shared Ownership Homes to recommend a care provider.

 Yes No

Who is your Local Authority's preferred social housing provider?

MENTAL CAPACITY - this section confirms the applicants mental capacity

The inclusive design of the service allows people with a learning disability to purchase a Shared Ownership Home irrespective of their level of impairment. One of the key benefits of the service is ready access to a mortgage. However the lender will need reassurance as to the current state of the applicant's mental capacity. It falls into one of two categories.

1. A learning disabled person who can manage their own affairs and has sufficient capacity to understand the nature of the obligations and risks they are entering into, including the requirement to maintain the mortgage and rental payments, and understands they have a choice to enter into a contract or not, can use the service with the appropriate level of informal support. In this case, Shared Ownership Homes will deal with the applicant and the person nominated to help them.

2. A person who has insufficient mental capacity to manage their own affairs can ask the Court of Protection to appoint a Receiver. In this case, Shared Ownership Homes will deal with the applicant's Receiver.

Please confirm your assessment of the applicant's current mental capacity by ticking the appropriate box. (please tick one box only)

- | |
|--|
| <input type="radio"/> They have sufficient capacity to understand this themselves |
| <input type="radio"/> They have insufficient capacity and need to appoint a Receiver |

LOCAL AUTHORITY FUNDING - please answer Yes or No by ticking the appropriate box

The service is provided free to disabled people. All the fees relating to the service are met by the Local Authority responsible for the applicant and the Housing Association providing the property. You are required to confirm if you have the authority to sanction the Local Authority payment and if not, to identify the person Shared Ownership Homes can contact.

I confirm the Local Authority will pay a fee of £1,500 to Shared Ownership Homes on completion of the transaction (ie when the applicant takes possession of the property).

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

If NO, please confirm the details of the person at the Local Authority Shared Ownership Homes needs to contact.

What is their title and surname?

What is their job title?

What is their daytime phone number?

SIGNATURE - please sign and date this form to confirm your answers

Signature

What is today's date?

Day _____ / Month _____ /Year _____

When this form is fully complete and signed, please return it to Shared Ownership Homes

BY POST - Shared Ownership Homes, 4 Wynberg Cottages, High Cross, Rotherfield, East Sussex, TN6 3PZ

BY EMAIL - info@sharedownershiphomes.org

If you have any problems completing this form, please email info@sharedownershiphomes.org or call 07818 451836.