



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: [SAIAdmin@ageukdorchester.org.uk](mailto:SAIAdmin@ageukdorchester.org.uk)

Male/Female (please circle)

<b>Security and Safety</b>	
<b>Are you worried about crime or anti-social behaviour in your neighbourhood, or are you interested in joining or setting up a Home Watch Scheme in your area?</b> – Dorset Police	Yes / No
<b>Do you find it difficult to keep your garden tidy?</b> – POPP Wayfinders/Age UK Bournemouth/Help & Care (H&C)	Yes / No
<b>Have you recently had some work done on your home or garden by a trader who called unexpectedly? Do you respond to unwanted telephone calls or junk mail?</b> – Trading Standards/BBC Environmental Health & Consumer Services/BoP Environment & Consumer Protection	Yes / No
<b>Would you like a Home Safety Check? Do you need working smoke alarms?</b> – Dorset Fire and Rescue Service	Yes / No
<b>Would you like more information on driver refresher courses to update your driving skills?</b> – DCC Road Safety Team	Yes / No
<b>Health and Wellbeing</b>	
<b>Would you like support to stop smoking/drinking alcohol/substance abuse? Please circle.</b> – NHS SPoA	Yes / No
<b>Have you had a fall in the last three months and NOT been referred to Community Rehabilitation Team or community physiotherapist?</b> – Encourage client to self-refer to GP	Yes / No
<b>Have you recently experienced any unexplained or unplanned weight loss?</b> – Encourage client to self-refer to GP	Yes / No
<b>Would you like support for a hearing/visual impairment or other disability? If yes please specify;</b> POPP Wayfinders/B'mth Care Direct/BSVI/BoP ASC Help Desk /Dorset Blind Association	Yes / No
<b>Is your home cold? Would you like advice about keeping warm, saving energy and the grants available to help with heating and insulation?</b> – Wessex Energy Advice Centre	Yes / No
<b>Would you like Care Line/Life Line service?</b> – Signpost B'mth Careline/BoP Lifeline/Telecare	Yes / No
<b>Would you like information about lunch clubs or meal deliveries?</b> – Dorset POPP B'mth Care Direct/Poole WBC	Yes / No
<b>Would you like to talk to someone about local social activities/courses?</b> – POPP Wayfinders/Age UK B'mth/Poole WBC	Yes / No
<b>Would you like to speak to someone about services for housebound people?</b> – POPP Wayfinders/B'mth Care Direct/BoP ASC Help Desk	Yes / No
<b>Are you worried about memory loss, or care for someone with this condition and would like to speak to the Memory Advisory Service?</b> – Memory Support & Advisory Service	Yes / No
<b>Would you like the opportunity to talk to someone about your experiences of using health or social care services?</b> – Healthwatch	Yes / No
<b>Would you like information to help you to stay safe and independent in your own home?</b> <a href="http://www.mylifemycare.com">www.mylifemycare.com</a>	Yes / No
<b>Living Conditions</b>	
<b>Are you worried about the condition/repair/maintenance of your home?</b> – LA/HIAs/B'mth Care Direct/BBC Housing Landlord Services/BoP ASC Help Desk/Poole Housing Partnership	Yes / No
<b>Do you have any difficulties using bath/toilet/kitchen facilities? Or difficulties getting in and out of your home, or using stairs?</b> – LAs/HIAs/B'mth Care Direct/BoP ASC Help desk/ Dorset Home Service	Yes / No
<b>Income and Finance</b>	
<b>Would you like someone to help check that you are receiving all the income that you are entitled to?</b> – DCC Benefits Team/CAB/BBC Resources/BoP Benefits	Yes / No
<b>There are accredited later life specialist advisers who can provide advice on paying for care and equity release. Would you like to be contacted?</b> MoneyWise	Yes / No
<b>Are you having trouble paying your bills?</b> – CAB	Yes / No

Visited by:   
Telephone:

From:   
Date:

**IMPORTANT:** 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" You may be contacted at a later date to discuss outcomes.  
Please tick here if completing by phone to demonstrate you have discussed this with the client

Remarks (additionally please use other side of sheet) :

Signed (client/representative) :