



Sue Ryder Foundation.

Sue Ryder Foundation (Ireland) Limited
Registered Office: Sue Ryder House, Ballyroan, Laois
Tel: (057) 87 31071 **Fax:** (057) 8731009
Email: sueryderfoundation@eircom.net

Application form

Part 1

Which Housing scheme are you applying for?
.....

Surname:

Forename:

Address:
.....
.....

Telephone no:

Date of birth:

Former occupation:
.....

Sex:

Marital status:

Religion:

Medical Card no:

Other medical cover:
.....

Name/address of Doctor:
.....
.....

Tel No:

Are you currently receiving any medical treatment or medication. Please state reason:
.....

Type of medication:
.....

Any Sight, Hearing or Speech difficulty:
.....
.....

Name/address of next to kin, nearest son/daughter/relative:
.....
.....

Tel No:

Part 2

Do you require assistance with any of the following?

1.	Mobility	Yes	No
2.	Getting in and out of bed	Yes	No
3.	Shopping	Yes	No
4.	Managing you financial affairs	Yes	No
5.	Cleaning house	Yes	No
6.	Doing personal laundry	Yes	No
7.	Dressing	Yes	No
8.	Washing and general body hygiene	Yes	No
9.	Shaving	Yes	No
10.	Do you use walking stick	Yes	No
11.	Do you use a walking aid	Yes	No
12.	Do you use wheelchair	Yes	No

Part 3 Current home situation (Please tick where appropriate)

- Rural
- Urban
- Living with Relative/friends
- Living in Institution/Boarding House/Hotel:

State who lives with you at the moment:

Visits from Sons, Daughters, Relatives and Friends.

- Daily
- Weekly
- Yearly

Visits to Sons, Daughters, Relatives and Friends

- Daily
- Weekly
- Yearly

Part 4 Income

Type of Pension or Pensions:

Social Welfare Payments:

Other Means of Income:

TOTAL WEEKLY SUM: TOTAL MONTHLY SUM:

