



Sue Ryder Foundation.

Sue Ryder Foundation (Ireland) Limited
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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:

