

8. Savings (Please state balances) (Pass Books and 6 months' Bank Statements to be enclosed)

Bank Accounts - Current account..... Savings accounts.....

Post Office Savings Accounts Building Society Accounts.....

Other Savings (Incl. shares, bonds, National Savings)
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9. Do you own any property (give address if different from above).....

.....Is it Freehold/Leasehold

Date of Purchase..... Purchase Price.....

Monthly mortgage repayment Years outstanding..... Any arrears.....

10. MONTHLY OUTGOINGS (enclose copy of bills not shown on your bank statements)

Rent..... OR Mortgage.....

Council Tax..... Water Rates.....

Electricity..... Gas/Coal.....

Telephone..... House Contents Insurance.....

Life Insurance..... House Buildings Insurance.....

Private Health Insurance/HSA..... Other Insurance.....

Car Tax..... Car Insurance..... Petrol.....

Other Travel Costs (Buses/Taxis) Credit Cards/HP

Other Regular Monthly outgoings (Please State).....

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TOTAL MONTHLY OUTGOINGS

11. Details of Children (dependent or otherwise)

Name	Age	Occupation

12. Please state reason for convalescence. (PLEASE NOTE: All applications must be accompanied by a letter from your Doctor or Hospital confirming the nature of your illness and stating why you need convalescence or recuperation.)

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13. THE FOLLOWING INFORMATION IS REQUIRED TO MAKE SURE THAT YOUR ACCOMMODATION IS SUITED TO YOUR NEEDS

- a) DO YOU REQUIRE NURSING CARE YES/NO
- b) CAN YOU WALK UNAIDED YES/NO
- c) DO YOU REQUIRE GROUND FLOOR ACCOMMODATION YES/NO
- d) IS A LIFT ESSENTIAL IF NO GROUND FLOOR ROOMS AVAILABLE YES/NO
- e) ARE YOU IN A WHEELCHAIR YES/NO
- f) ARE YOU TAKING ANY DRUGS/HAVING INJECTIONS YES/NO
- g) ARE THESE SELF-ADMINISTERED YES/NO
- h) CAN YOU ATTEND TO PERSONAL NEEDS WITHOUT ASSISTANCE YES/NO
- i) IF ACCOMPANIED DO YOU REQUIRE SINGLE BEDS YES/NO
- j) ARE YOU ON A SPECIAL DIET (IF YES GIVE DETAILS) YES/NO

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14. Please state your preferred travelling dates: FROM TO.....

15. Please state your preferred areas/s:

16. Please use this space to provide additional information to support your application for assistance.

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17. I declare the above to be a true and correct statement of my health situation and financial circumstances.

Signed.....Date.....

Under Rules 34.6 & 34.11 every applicant must first either apply to the Department of Social Security for assistance relevant to their circumstances before the committee can entertain any application for financial help from the LTC or do so within one month. Please give the address of the DSS/Benefits Agency office to which you have applied or from which you are currently receiving assistance and permission to approach them direct on your behalf should the need arise:

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.....Signed.....

This form when completed should be forwarded to:- Head of Welfare, LTC, Heatherley, London Road, Ascot, Berks SL5 8DR
Tel: 01344 884440 Fax: 01344 884703 e-mail:welfare@ltcharity.org.uk