

EAC is the main source of independent advice, counselling and information about all forms for accommodation for older people.

The charity was formed in 1985, and its free service is provided by a small team of staff and volunteers. Through its own continuous research it has built up a detailed knowledge of almost all sheltered and retirement housing developments, residential care homes and nursing homes in the UK.

We're here to help you with the next stage

Having read this Factsheet, you may have decided to make a move and need information about suitable housing in your chosen area. On the other hand, you may still feel unsure about the right course of action, and wish to explore other alternatives, such as help to enable you to remain in your own home, or a move into residential care.

Either way, EAC is here to help.

- ◆ For an accommodation listing, simply complete this form and return it to us.
- ◆ For further information or advice to help you make your decision, feel free to phone us on 020 7820 1343 (Monday to Friday, 9.00am –5.00pm).

personal details

Details of the person looking for alternative accommodation

Title:
Mr/Mrs/Miss/Ms.....

Surname..... **First Names(s)**..... **Age(s)**.....

If you are the person(s) above, and you would like us to reply to you, please fill in **Box A**, but if you are completing this form for somebody else and would like us to communicate with you rather than them, please fill in **Box B**.

A

Address.....
.....
.....
.....
.....
Postcode.....
Phone (day)
.....

B

Title: Mr/Mrs/Miss/Ms.....
Surname.....
First Name(s).....
Address.....
.....
.....
Postcode..... **Phone (day)**.....
Relationship to person in BOX A.....

your health

Reasonably fit and active (if yes, please ignore other health questions)

- Use walking frame Part sighted Parkinsons Heart problems
 Wheelchair mobile Blind Stroke Physical disability
 Bedridden Arthritic Lung problem

Please tell us anything else about your health which might help us suggest suitable accommodation

.....

other information

Present housing tenure

- Home Owner
 Tenant Council
 Housing Association Other

Present local council

Language most comfortable with (if not English)

.....

Pre-retirement occupations (s)

Applicant

Spouse

your requirements

If you are looking for Sheltered or Extra Care housing, please complete Box A or if you would like other details, please complete Box B.

A

SHELTERED or EXTRA CARE HOUSING

Sheltered Housing Extra Care To buy To rent

Exact location preferred.....

.....

Other places considered.....

.....

Basic requirements: Size Studio 1 bed 2 bed

Type Bungalow Flat Any

Support required: Warden Community Alarm

Particular dietary needs

Other preferences/needs

B

OTHER OPTIONS

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