

## HOSPITAL DISCHARGE FORM

### PATIENT INFO:

Name:

DOB:

Address:

Post Code:

Tenure of Property:

Key safe code:

**I hereby give permission for my keys to be kept by WECHI whilst the work is being completed. If there is no key safe, the keys are to be returned to the hospital or given to family as instructed.**

**Instruction for return of keys:**

**Signed .....**

### REFERRERS INFO:

Hospital:

Ward:

Professionals name:

Occupation:

Telephone:

Ward tele. no:

Email address:

Discharge dependent: Y / N

## HOSPITAL DISCHARGE FORM continued

**Brief description of works:**

Assistance under the Hospital Discharge grant is given to assist discharge from hospital or to prevent re-admission to hospital with an existing medical condition by undertaking urgent work or essential clearing and cleaning of a property. This grant is not means tested but applicants must have less than £23000 in savings to qualify. We Care Home Improvements are arranging the relevant work through external contractors.

**If the client is self-funding, payments are to be made to We Care Home Improvements prior to work commencing.**

Method of payment – card payment / bank transfer / cheque (Please indicate)

### **General Data Protection Regulations (GDPR, 2018)**

Most of the personal information we process is provided to us directly by you for one of the following reasons:

- In order to carry out the service you requested
- To enable the third parties we work with to provide services to you in support of our service.

The lawful basis we rely on for processing this information under the GDPR Regulations 2018 is article 6(1) (f) legitimate interests and article 6(1)(a) consent (this only applies when you opt-in to receive our Marketing).

We may share this information with our commissioners and partner organisations.

You have the right, under the General Data Protection Regulation to be informed whether your Personal Data of which you are the subject is being captured, stored and/or processed by We Care Home Improvements and if so, is to be provided with copies of that information.

For more information, please refer to our Client Privacy Statement which can also be found on [www.wecr.org.uk/client-privacy-statement](http://www.wecr.org.uk/client-privacy-statement)

Client/patient to sign the declaration below:

**I confirm that I/WE DO / DO NOT have savings over £23000 and I/we authorise We Care Home Improvements to act as my agent.**

**(This must be answered truthfully and to be best of your knowledge).**

Signed .....

Date .....