A picture containing clipart

Description automatically generated[www.onestoporganisers.co.uk](http://www.onestoporganisers.co.uk)

***SENIOR AUDIT***

Filling in this form will enable One Stop Organisers to see if we are able to help you (or your loved one) tackle some of the challenges you may have relating to everyday tasks. If your answers are typically yellow in each section then we can help you.

Your name

Phone number

Email address

HOME

1. Is your home in good repair (i.e. there are no outstanding repairs or areas needing attention or modernisation? Yes  No   
   (Maybe you struggle financially to get them done or with knowing who to call)
2. Do you use all the rooms in your home? Yes  No
3. Do you find stairs easy? Yes  No

Answering no in this section means you might be ready to consider downsizing, or perhaps you might just need one of our PAs to help organise repairs and paperwork for you.

FINANCES

1. Are you happy with the cost of your utility bills? Yes  No
2. Do you check your bank account transactions regularly? Yes  No
3. Do you have money left at the end of the month? Yes  No

If you answered no to this section, it might be time to think about downsizing which we can help you with.

ADMIN

1. Can you find documents in your home when you need to? Yes  No
2. Do you know when your household insurance expires? Yes  No
3. Do you keep up with all the dates for your car (if relevant)? Yes  No
4. Do you manage to pay and keep track of bills that need to be paid Yes No
5. Do you keep track of all your appointments? Yes  No
6. Can you find specific emails when you need to? Yes  No

If no to any of this section, one of our PAs could come and help you with your paperwork and emails.

DIGITAL

1. Do you use the internet? (banking / shopping / research / email) Yes  No
2. Do you use zoom / video to communicate with family? Yes  No

If you answered no to either question, you may benefit from one of our PAs coming to teach you how to use devices that may help you.

HEALTH / CARE

1. Do you go to the toilet twice or more in the night? Yes  No
2. Are you on regular medication? Yes  No
3. Do you struggle to keep up with cleaning and / or make meals? Yes  No

Answering yes in this section may mean that you are eligible for attendance allowance. We can help you get this benefit which is **not** means tested.



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