

Assessment Form Re-housing on Medical Grounds

Dumfries and Galloway Common Housing Register



Available for translation into community languages, large print and format such as Braille

For Office Use:

Issuing office -

Officer's Initials -

Date issued -

Please read this guidance carefully before you fill in this form

Only fill this form in if:

- You or someone moving with you has a disability or health problem which is severe and permanent **and**
- Your present accommodation affects your ability to carry out everyday living activities in your home

Do not fill in this form if:

- You are pregnant or have a problem with your current pregnancy that is likely to improve once you have had the baby
- You have an illness or injury that is likely to get better with treatment, for example if you are recovering from surgery
- You need to move closer to family to provide or receive support (there is a different form for this)
- Your housing issues are solely due to:
 - over-crowding or under-occupying
 - state of disrepair in your current home for example, damp, condensation
 - anti-social behaviour or neighbour problems
 - a notice to quit being served
 - a relationship breakdown
- If your need to move relates to any of these you can get further advice from the Homes4D&G team or your landlord, but this is not the form you need

You must complete a separate form for each member of the household who has difficulty managing in the home due to their disability or health problems. Medical points will only be awarded to one applicant per household; this will be the person assessed as having the greater need. All information provided will be treated in the strictest of confidence. When completing the form you must explain fully the difficulties you and/or your family are experiencing and how your present accommodation affects your ability to carry out every day living activities in your home.

Please fill in all sections of this form. If you do not, we will return the form to you, as we will not be able to make a full assessment.

Once completed all applications and any supporting documentation (if required) should be signed and dated and returned to:

**Homes 4D&G
Freepost, RTHU-YASL-XCJC
DG12 6AJ**

| | |
|--|--|
| What is the Housing Application Reference Number that this medical application form relates to (if you have it)? | |
|--|--|

| Name of Main Housing Applicant | | | |
|--------------------------------|------|----------------------------|-------------|
| Surname: | | Title (Mr, Mrs, Miss, Ms): | |
| First Name(s): | | Date of Birth: | |
| Sex: | Male | Female | |
| Address: | | | |
| Postcode: | | | |
| Home Tel No: | | Work Tel: | Mobile Tel: |
| Email Address: | | | |

| Section 1 - Person in Household seeking medical assessment (if different from above) | | | |
|--|--|----------------------------|-------------|
| Surname: | | Title (Mr, Mrs, Miss, Ms): | |
| First Name(s): | | Date of Birth: | |
| Have you been known by any other name(s)? If yes, please detail: | | | |
| Relationship to applicant: | | Sex: | |
| Address: | | | |
| Postcode: | | | |
| Home Tel No: | | Work Tel: | Mobile Tel: |
| Email Address: | | | |

**The following questions need to be answered by the person seeking medical assessment
(Person named in Section 1)**

If this person is under the age of 16, the form will need to be completed and signed by their legal guardian.

In your own words, please provide details of your disability or health problem that is affected by your current home, OR will require consideration for any future property e.g. wheelchair access?

Please tell us how long you have had this difficulty? (if you need more space please include additional sheets)

Please give details of any prescribed medication you are currently taking:

Do you receive any health or social-care support in your home? For example, home care, district nursing, occupational therapy, health professional, paid carer or family?

Yes

No

If yes, please provide brief details, including your support provider's name and the number of hours assistance you receive:

Please let us know if you are in receipt of any allowances. For example Disability Living Allowance, Personal Independent Payments.

Please advise us of your G.P.'s name & address and that of any other health professional with whom, you have had recent contact (we may need to contact them). If you live out-with the Dumfries & Galloway area you may be required to forward your own GP report to the medical assessment officer.

| General Practitioner | |
|---|--|
| Name | |
| Address | |
| Telephone no | |
| Consultant Psychiatrist/ Community Mental Health Nurse | |
| Name | |
| Address | |
| Telephone no | |

| Social Worker | |
|--|--|
| Name | |
| Address | |
| Telephone no | |
| Occupational Therapist/ Health Professional | |
| Name | |
| Address | |
| Telephone no | |

| Please give details of any <u>recent</u> hospital treatment you have received for your disability or health problem(s). | | | |
|--|-------------------|---------------|-----------------|
| Name of hospital | Type of Treatment | Date Admitted | Date Discharged |
| | | | |

Section 2 – Your present home

What type of property do you live in?

| | | | | | |
|--|--------------------------|------------------------------------|--------------------------|--|--------------------------|
| House (property with internal stairs) | <input type="checkbox"/> | ** Flat (own entrance) | <input type="checkbox"/> | ** 4 in a block (own entrance) | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | ** Flat (communal entrance) | <input type="checkbox"/> | ** 4 in a block (communal entrance) | <input type="checkbox"/> |
| Sheltered housing | <input type="checkbox"/> | Maisonette (ground) | <input type="checkbox"/> | Amenity housing | <input type="checkbox"/> |
| Supported housing | <input type="checkbox"/> | Maisonette (1 st floor) | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |

**** If you reside in a flat or 4 in a block type accommodation what floor is your property on **** (please tick):

| | |
|--------------|--------------------------|
| Basement | <input type="checkbox"/> |
| Ground floor | <input type="checkbox"/> |

| | |
|-----------------------|--------------------------|
| 1 st floor | <input type="checkbox"/> |
| 2 nd floor | <input type="checkbox"/> |

| | |
|-------------------------------|--------------------------|
| 3 rd floor | <input type="checkbox"/> |
| 4 th floor or over | <input type="checkbox"/> |

| | |
|---|----------------------|
| How long have you lived at this address? | <input type="text"/> |
| How many bedrooms are there in this property? | <input type="text"/> |

Layout of your current home: (Please tick all that apply)

| | | | |
|---------------------|--------------------------|-----------------------------|--------------------------|
| Bathroom upstairs | <input type="checkbox"/> | Outside steps to entrance | <input type="checkbox"/> |
| Bathroom downstairs | <input type="checkbox"/> | Bedroom upstairs | <input type="checkbox"/> |
| Toilet upstairs | <input type="checkbox"/> | Bedroom downstairs | <input type="checkbox"/> |
| Toilet downstairs | <input type="checkbox"/> | Curved internal staircase | <input type="checkbox"/> |
| | | Straight internal staircase | <input type="checkbox"/> |

Are you the:

| | |
|--------|--------------------------|
| Tenant | <input type="checkbox"/> |
| Owner | <input type="checkbox"/> |

| | |
|------------------------|--------------------------|
| Living with family | <input type="checkbox"/> |
| Living with non-family | <input type="checkbox"/> |

| | |
|----------------------|--------------------------|
| Lodger | <input type="checkbox"/> |
| Other (please state) | <input type="checkbox"/> |

Who lives in the property with you?

| Name | Date of birth | Relationship to person with health issue or disability |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| What does your current home have? (Please tick all that apply) | | | |
|---|--------------------------|--|--------------------------|
| Level access entrance (no steps outside the door) | <input type="checkbox"/> | Stairlift | <input type="checkbox"/> |
| Ramped entrance | <input type="checkbox"/> | Wider doors for wheelchair access | <input type="checkbox"/> |
| Door-entry system (not a shared door entry system) | <input type="checkbox"/> | Adapted kitchen (for example lowered worktops, special sink and so on) | <input type="checkbox"/> |
| Outside steps fitted with handrails | <input type="checkbox"/> | Through floor lift | <input type="checkbox"/> |
| Outside lift | <input type="checkbox"/> | Tracking hoist fixed to the ceiling | <input type="checkbox"/> |
| Community Alarm or Telecare | <input type="checkbox"/> | Inside steps fitted with handrails | <input type="checkbox"/> |
| Wet floor area or level shower base | <input type="checkbox"/> | Adaptations for a person with a hearing impairment | <input type="checkbox"/> |
| Walk-in/Step-in shower (shower tray) | <input type="checkbox"/> | Adaptations for a person with a visual impairment | <input type="checkbox"/> |
| Over bath shower | <input type="checkbox"/> | Lowered electrical light switches and sockets | <input type="checkbox"/> |
| Specialist toilet or bath | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other (please give details) | | | |
| | | | |

Do you use any medical equipment, daily living equipment or Telecare in the home?

Examples of medical equipment include a hospital bed, mobile hoist, ventilator or oxygen. Examples of other daily living equipment include equipment for baths, showers, toilets or special seating. This also includes walking aids and wheelchairs, however please state the frequency of use and if you use your walking aids indoors, outdoors or both. Telecare includes Care Call and Assistive Technology.

| | | |
|----------------------------------|-----|--|
| Do you have a wheelchair? | Yes | |
| | No | |

| | |
|--|--|
| If YES – How often do you use it? (Please tick which applies) | |
| Indoors and/or outdoors occasionally | |
| Outdoors always | |
| Indoors always | |

Please provide the width of the wheelchair at its widest point and its length including footplates

| | | | |
|------------|--|-------------|--|
| Width (cm) | | Length (cm) | |
|------------|--|-------------|--|

Section 3 – Tell us how your current housing affects your health

| | |
|---|--|
| Please tell us if you have any difficulty with any of the following: (Tick all that apply) | |
| Climbing external steps | |
| Climbing internal stairs | |
| Getting in or out of the bath or shower | |
| Getting on or off the toilet | |
| Moving from room to room | |
| Getting into rooms because of the width of the doors or hallways | |
| Reaching work surfaces, switches or sockets | |
| Other (please state), for example 'gatekeeping who comes to your home' | |

Do you have any other difficulties getting in/out or moving around your current home?

| Please tell us how you are able to carry out the following activities (please tick) | | | | |
|--|-------------|----------------|----------------------------|------------------------|
| TASK | INDEPENDENT | ABLE WITH HELP | INDEPENDENT WITH EQUIPMENT | UNABLE/WITH DIFFICULTY |
| Bathing/washing/showering | | | | |
| Dressing | | | | |
| Using the toilet | | | | |
| Making a drink | | | | |
| Cooking | | | | |
| Shopping | | | | |
| Using public transport | | | | |

| | | | | |
|--|-----|--|----|--|
| Do you drive and have the use of a car? | Yes | | No | |
| If no, does any member of your household drive and have the use of a car? | Yes | | No | |

Please describe what you hope to be able to do in a new home that you are unable to, or have difficulty with in your existing property?

Section 4 – Information on preferences

| What would you prefer to do? (Tick all that apply, as it is not always possible to have properties adapted.) | |
|--|--|
| Stay in your current accommodation, if it could reasonably be made suitable for the person with the medical requirements | |
| Move to ground floor accommodation with level access (no external steps) | |
| Move to a property that has already been adapted, for example with a ramped access and a shower | |
| Other: Please give details and the reason(s) why you would prefer this: | |

| | | | | |
|--|-----|--|----|--|
| Do you require an extra bedroom because of your health needs or disability, in addition to the bedrooms that you are entitled to in the Allocation Policy? | Yes | | No | |
| If yes, please give details below: | | | | |

Government Housing Benefit Changes from April 2013 – Bedroom Tax

Please be aware the Government has introduced a change to housing benefit rules that came into effect on 1st April 2013 to claimants of working age who under-occupy their home. At April 2013 this will be people under 61 years and 6 months old. From April 2013 if you are under-occupying your home by one or more bedrooms your housing benefit is likely to be reduced and you will have rent to pay. If this could apply to you then you need to consider your housing options and how you will pay rent from your existing income.

| |
|--|
| Please give details of any other information that you think is relevant to this application: |
|--|

If you want us to deal with someone else on your behalf (a representative) about this medical assessment application, please give us their details below.

If you appoint a representative, all Homes4D&G partners can give personal information related to your application for housing to your representative. You cannot hold any Homes4D&G partner responsible for the information that they share with your representative.

| | | | |
|-------------------------------|--|--------|--|
| Name: | | | |
| Address: | | | |
| Relationship (if any) to you: | | Tel no | |

Declaration

I give permission for the Common Housing Registration Team to write to any of the Health Professionals, detailed in page 6.

During the process of assessing this application other agencies, Health or Social Work, may be contacted to share information. This is to ensure that the difficulties you are experiencing in your home are thoroughly understood. If you have had contact with Health and Social Work Occupational Therapists it would be beneficial to the assessment to access these records. This would include historical records.

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you consent to information recorded by Health and Social Work Occupational Therapists being accessed by the CHR Registration Team? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you consent to information recorded during this assessment and further assessment being shared with Health and Social Work Occupational Therapists? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

To the best of my knowledge the details given in this form are correct. I understand that I may be prosecuted if I have given false information. I may also lose any home offered to me, if it is a result of fraudulent information on this medical assessment form. I will tell Homes4D&G immediately if there is any change to the circumstances I have declared on this application.

I also agree that the CHR Registration Team can share this information on a confidential basis with other appropriate professionals such as: Occupational Therapists and Social Services. I also agree that this information can be shared with relevant members of staff within the partners of Homes4D&G.

I understand that information on the outcome of this application is going to be put on the Homes4D&G Common Housing Register and you will share this information with any or all landlords using the register.

| | | | |
|--|-------|-------------|-------|
| Main housing applicant | _____ | Date | _____ |
| Joint housing applicant | _____ | Date | _____ |
| Person seeking medical points | _____ | Date | _____ |
| Legal Guardian/ (where applicable) Attorney | _____ | Date | _____ |

If the person named in Section 1 is under 16 years of age, this application form will need to be signed by their legal guardian/parent.

If the person named in Section 1 has no legal capacity, the application form will need to be signed by their Power of Attorney or Welfare or Financial Guardian. A copy of the Power of Attorney document or Certificate of Guardianship should also be enclosed with the form.

| |
|--|
| Data Protection We will process the information you provide. The information is protected under the Data Protection Act 1998. |
|--|

For Office Use

Date Form Received: _____ Date of Assessment: _____

Medical Points Awarded:

| | |
|--------|--|
| Nil | |
| Low | |
| Medium | |
| High | |

Housing Recommendations:

| Choice | Description | Tick | Choice | Description | Tick |
|--------|---------------------------|------|--------|----------------------------|------|
| 10 | Wheelchair Accessible | | 90 | WC Facilities Each Level | |
| 20 | Ramped Access | | 100 | Adapted Kitchen | |
| 30 | Level Access Entrance | | 110 | Ground Floor Accom | |
| 40 | Walk-in Shower (Tray) | | 120 | Property on 1 Level | |
| 50 | Wet Floor/Level Base | | 130 | Sheltered Housing | |
| 60 | Hearing Impairment Adapts | | 140 | Additional Rm Equip/Carer | |
| 70 | Visual Impairment Adapts | | 150 | OT Assessment Required | |
| 80 | Specialist Toilet | | 160 | Other (Please State below) | |
| | | | 85 | Specialist Bath | |

Other

Notes

CHR Reg Asst _____ Date _____

| | Date | Officer |
|--------------------|------|---------|
| Orchard Updated | | |
| Applicant Notified | | |



Homes4D&G
FREEPOST RTHU-YASL-XCJC
DG12 6AJ

0300 123 1230
www.homes4dg.org.uk
enquiries@homes4dg.org.uk

Homes4D&G Partner Landlords



Working with our Tenants

Dumfries & Galloway Housing Partnership
Grierson House
The Crichton
Bankend Road
Dumfries
DG1 4ZS



Home Scotland
Pavilion 6, Parkway Court
321 Springhill Parkway
Baillieston
Glasgow
G69 6GA



Cunninghame HA
Quayside Offices
Marina Quay
Dock Road
Ardrossan
KA22 8DA



Irvine Housing Association
44-46 Bank Street
Irvine
Ayrshire
LA12 0LP