Assessment Form
Re-housing on Medical Grounds

Dumfries and Galloway
Common Housing Register

Homes 4 D&G
Helping you find a home

DGHP
Dumfries & Galloway
Housing Partnership
Working with our Tenants

CUNNINGHAME
HOUSING ASSOCIATION

Irvine Housing
in Association with you

home group

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

<u>Do not</u> 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:	
Gender:	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:	Gender:
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)		** Flat (own entrance)		** 4 in a block (own entrance)	
Bungalow		** Flat (communal entrance)		** 4 in a block (communal entrance)	
Sheltered housing		Maisonette (ground)		Amenity housing	
Supported housing		Maisonette (1st floor)		Other (please state)	

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

Basement		1st floor		3rd floor	
Ground floor		2nd floor		4th floor or over	

How long have you lived at this address?	
How many bedrooms are there in this property?	

Layout of your current home: (Please tick all that apply)			
Bathroom upstairs		Outside steps to entrance	
Bathroom downstairs		Bedroom upstairs	
Toilet upstairs		Bedroom downstairs	
Toilet downstairs		Curved internal staircase	
		Straight internal staircase	

Are you the:

Tenant		Living with family		Lodger	
Owner		Living with non-family		Other (please state)	

Who lives in the property with you?		
Name	Date of birth	Relationship to person with health issue or disability

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

Do you consent to information recorded during this assessment and further assessment being shared with Health and Social Work Occupational Therapists?	Yes		No	

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 is 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 2018.

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
Helping you find a home

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

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

Homes4D&G Partner Landlords

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