

Applicant Ref. _____

Band Awarded _____

Additional requirements/action: _____

Housing Application Medical Assessment Form

ALL OF THE INFORMATION THAT YOU WILL PROVIDE WILL BE TREATED AS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED FOR HOUSING PURPOSES

You should complete this form when:

- Your present housing situation is affecting either yours or a member of your household's medical condition.
- Your present home is unsuitable because of either your, or a member of your household's medical condition.

What you should do:

- Complete the form as fully as you can.
We need as much information as possible to make the correct decisions.
- Sign the form.
- Return the form to the Housing staff dealing with your application as soon as possible.

What happens next?

- The Housing staff dealing with your application will consider the information and decide whether any medical priority can be recommended.
- We may need to contact you or carry out a home visit to support the information supplied.
- We will write to you when a decision has been made.

Please complete a separate form for each person in the household whose medical condition is adversely affected by their current housing situation.

If you need any help with this form please contact the Housing Organisation at the address supplied on the back of this form.

Title:		Surname:		Forename:	
Address:				Daytime Telephone number(s):	
				Home:	
				Mobile:	
Postcode:				D.O.B.:	

1. Is your current home a: (please tick)			
House	<input type="checkbox"/>	Flat (1st floor, 2nd)	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Ground Floor Flat	<input type="checkbox"/>		
Other (please describe)			

2. Is your present home sheltered? or special needs accommodation?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

3. Number of bedrooms:	<input type="text"/>	
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4. Are you a: (please tick)			
Housing Association Tenant	<input type="checkbox"/>	Owner-occupier	<input type="checkbox"/>
		Private Tenant	<input type="checkbox"/>
Other (please specify)			

5. Please tick the type of heating you have in your home			
Gas - warm air	<input type="checkbox"/>	Gas - central heating	<input type="checkbox"/>
		Electrical storage heaters	<input type="checkbox"/>
Electrical central heating	<input type="checkbox"/>	Gas/Electric fire only	<input type="checkbox"/>
		Partial central heating	<input type="checkbox"/>
No heating	<input type="checkbox"/>	Other	<input type="checkbox"/>

6. Please tell us about your medical conditions or disability and any medication that is being taken	
Details of illness / disability	Medication
<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"/>

7. Have any special adaptations been made to your home?

Stairlift		Grabrail		Wet room	
Lift		Ramp		Level access shower	
Over bath shower/wet room					
Other					

8. Are you registered blind or disabled?

No		Yes – Registered Blind or partially sighted		Yes – Registered Disabled	
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9. Do you have difficulty walking?

No		Can only walk a short distance. How far?		Unable to walk	
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10. Do you have difficulty climbing stairs?

No		Yes - climbing slowly		Yes - with great effort		Unable to climb stairs	
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11. Do you use any of the following?

Walking stick		Crutches		Zimmer frame		Wheelchair	
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12. Where is the toilet situated?

Upstairs		Downstairs		Outside	
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13. Do you have difficulty accessing the toilet?

		yes		no	
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If yes, please explain why

14. Does your current home have:

Bath only		Shower over bath		Shower only	
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15. Do you have difficulty bathing?

		yes		no	
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If yes, please explain why

16. Are you getting home care or support at the moment?

		yes		no	
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If yes, please specify how many times per week and for how long

17. Do you require housing in order to accommodate a carer?

		yes		no	
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Your Present Accomodation

18. How many stairs are there at your home?

Inside (number)		If no stairs, please tick this box	
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19. How many steps are there to access your property?

Front		Back		None	
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20. Is your home: on the level?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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up a hill?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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21. Do you have access to a car?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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22. Is there a full time carer or are you or any member of your household in receipt of care related benefit?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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If yes, please give details:

23. Do you use specialised equipment to manage your illness?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Is there no alternative space to store such equipment?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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If yes, please give details:



How does your current home affect your medical condition / disability? Please give us as much information as possible.

I agree to authorise B-with-us to consult medical experts, my Doctor and my medical records in order to assess my medical condition where necessary.

I agree that B-with-us may discuss these details with other agencies as necessary on a strictly confidential basis.

Doctor's Name:	
Address:	
Telephone Number:	

Signature of person affected or parent / guardian		Date	
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**Green Vale Homes
Green Vale Court
New Hall Hey Road
Rawtenstall
Rossendale
BB4 6HR**

**Hyndburn Homes
First floor
Globe TMC Building
The Globe Centre
St James Square
Accrington
BB5 0RE**

**Housing Pendle
Shackleton Hall
32 Church Street
Colne
BB8 0LG**

**Twin Valley Homes
Prospect House
Wharf Street
Blackburn
BB1 1JD**

**Calico Homes
Centenary Court
Croft Street
Burnley
BB11 2ED**