

ONLY COMPLETE THIS FORM IF YOU REQUIRE A MEDICAL ASSESSMENT



MEDICAL ASSESSMENT FORM					
Sent By		Sent Date		Housing App Ref No.	

Give details of the person with medical needs

Name		Date of Birth	
Address			
Post Code		Tel. No.	

How long have you lived at this property?	/years	/months
--	--------	---------

Give details of your family who will be re-housed with you

Occupants at the property			
Name	Age	M/F	Relationship to applicant
			Applicant

DETAILS OF YOUR CURRENT HOME

What type of accommodation do you occupy?

House	<input type="checkbox"/>		Bungalow	<input type="checkbox"/>
Flat	<input type="checkbox"/>		Maisonette	<input type="checkbox"/>
Hostel	<input type="checkbox"/>		B&B	<input type="checkbox"/>
Caravan	<input type="checkbox"/>			
Other.	<input type="checkbox"/>			
What floor level is your accommodation		Please Specify	Number of bedrooms	

What is your tenure?

Council Tenant	<input type="checkbox"/>		Owner Occupier	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>		Staying with Relatives/Friends	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>		Lodging	<input type="checkbox"/>
Tied Tenant	<input type="checkbox"/>		House occupied by more than 1 Family	<input type="checkbox"/>
Other (Please state)	<input type="checkbox"/>			

Do you have the following facilities in your home? Please tick Yes or No			
Toilet - upstairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Toilet – downstairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shower over bath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shower – flat access	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shower – walk in	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Level access into your home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other Adaptations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Give details			

Give details of your medical conditions relating to your housing			
Medical problems		Current medication	
Are you Registered Disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Are you Registered Blind? Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Do you receive Mobility Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes is this: Low Rate <input type="checkbox"/>
			High Rate <input type="checkbox"/>
Do you receive Attendance Allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes is this: Low Rate <input type="checkbox"/>
			Medium Rate <input type="checkbox"/>
			High Rate <input type="checkbox"/>
Do you receive any other Allowances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes give details of these other Allowances
Do you use Mobility Aids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are these used: Inside <input type="checkbox"/>
			Outside <input type="checkbox"/>
Give Details of Aids used eg wheelchair, mobility scooter, walking frame.			

Give details of how your medical condition is affected by your current home

Do you need a change to how you get external access into your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why external access into your current home is unsuitable		
Do you need a change in your Heating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why your current heating is unsuitable		
Do you need a change to the stairs inside your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why your current stairs are unsuitable		
Do you need a change to your toilet facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why your current toilet facilities are unsuitable		
Do you need a change to your bathing facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why your current bathing facilities are unsuitable		
Do you need a change in the area you live in for medical reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please explain why the location of your current home is unsuitable		

CARE AND SUPPORT

Only complete this section if you need to move to give or receive support

Do you need to move to give care or support

Yes

No

Do you need to move to receive care or support

Yes

No

Name of the person(s) who will give or receive support

What is their relationship to you?

Their Address

Post Code

Tel. No.

Please explain the type and frequency of support given or received

Please say why care/support cannot be given in current home

Please say how care/support will be improved in new home

Give details of persons involved with your health

Name of your GP

Address

Post Code

Tel. No.

Name of your Consultant

Address

Post Code

Tel. No.

Name of any other Health Worker or Social Worker

Address

Post Code

Tel. No.

Additional information

Please provide us with any additional information that you think will help us in assessing your application

DECLARATION – please read and sign this

I declare that the details given in this form are correct. I understand that if a tenancy is allocated on the basis of a false statement this may result in the Council regaining possession of the property.

I hereby give my explicit consent to:

- My General Practitioner, Consultant or other Health Worker and other appropriate agencies or persons processing my personal data and disclosing that personal data to A1 Housing and Bassetlaw District Council.
- A1 Housing and Bassetlaw District Council disclosing the information on this form to your General Practitioner, Consultant or other Health Worker and other appropriate agencies or persons who may process that data and provide more detailed personal data about me.

I understand that this personal data processed, obtained and given may be used so that my application can be properly investigated and assessed.

All details provided are strictly confidential. The Data Protection Act and the Access to Personal Files (Housing Regulations) 1989 give you the right to look at information.

The personal information you have supplied on this form will be used for your application for rehousing and may be shared with other areas of A1 Housing, Bassetlaw District Council, the Police and other public bodies for the recovery of debt, prevention or detection of fraud or the detection or prevention of crime as permitted under the Data Protection Act 1998. We advise applicants that the data held by the authority in respect of your housing application will be used for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.

APPLICANT WITH MEDICAL NEEDS FOR ASSESSMENT

Signed

Date