

**Health & Housing Need Assessment Form**

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| **Important Information for Applicants****Please Read Before Continuing Your Application****No points awarded if rehousing doesn't help:** If moving to a new home will not alleviate or address a health condition, illness or disability, no health and housing need points will be awarded.**Property restrictions based on health:** If health and housing need points are awarded due to a health condition, illness, or disability, the type of property offered may be restricted based on the applicant's specific needs.**Separate assessments for multiple household members:** If more than one member of the household is moving due to a health condition, illness, or disability, each affected member must complete a separate Health and Housing Need Assessment form. The household member with the greatest need will receive the full points, and any additional members with a health condition will receive 10 points each.  |

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| 1. **Main Housing Applicant Details**
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| **Housing Application Reference** (if known) |  | **Date of Birth** |  |
| **Main Applicants name** |  |
| **Current Address** |  |
| **Contact Number** |  |
| **E-mail Address** |   |

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| 1. **Person Applying for Health & Housing Need (if different for the above person)**
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| **Name of Person applying for Health & Housing Need** |  |
| **Relationship to Main Applicant** |  | **Date of Birth** |  |

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| 1. **Health Condition, Illness or Disability affected by your current housing situation**
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| **Do you use a wheelchair?** |
| No |[ ]  Yes | [ ]  *if answered yes, please answer if*  | Indoors |[ ]  Outdoors |[ ]  Both |[ ]

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| **What is your Health Condition, Illness or Disability?** | **Permanent Condition?** | **Diagnosed by a GP or Specilaist /Consultant?** |
|  | No [ ] Yes [ ]  | No [ ] Yes [ ]  |
|  | No [ ] Yes [ ]  | No [ ] Yes [ ]  |
|  | No [ ] Yes [ ]  | No [ ] Yes [ ]  |
|  | No [ ] Yes [ ]  | No [ ] Yes [ ]  |
|  | No [ ] Yes [ ]  | No [ ] Yes [ ]  |
|  | No [ ] Yes [ ]  | No [ ] Yes [ ]  |

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| 1. **Tell us about your Current Home**
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| **Is your home on one level?**  | ☐ No  ☐ Yes |
| **How many steps are there to the front door of your home?**  | [   ] steps |
| **Are there steps inside your home?**  | ☐ No ☐ Yes *If yes, how many?* [   ] steps |
| **How many steps or stairs can you manage comfortably?**  | [   ] steps/stairs |

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| **In what ways does your current accommodation not meet your health-related needs?** *(Select all that apply):* |
| [ ]  | Stairs or steps I cannot manage |
| [ ]  | Bathroom not accessible (e.g. no walk-in shower, unsuitable layout etc.) |
| [ ]  | Kitchen not accessible  |
| [ ]  | Bedroom not accessible / on the wrong floor |
| [ ]  | Insufficient space for medical equipment or adaptations |
| [ ]  | Other *(please provide details below for anything not mentioned above)*  |
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| 1. **Your Housing Needs**
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| **What improvements to your living environment would enhance your quality of life and support your health condition, illness or disability?** *(Select all that apply):* |
| [ ]  | Step free or lift access  |
| [ ]  | Ground Floor Accommodation |
| [ ]  | Level-access or walk-in-shower |
| [ ]  | Adapted Bathroom – wetroom |
| [ ]  | Adapted Kitchen – e.g. lowered countertops  |
| [ ]  | Additional bedroom or space for medical equipment or care |
| [ ]  | Other *(Tell us about any improvements not mentioned above in the space below)* |
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| 1. **Benefits Claimed**
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| **Are you in receipt of and disability benefits?** | No [ ]  Yes [ ]  |

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| 1. **Additional Information you would like to provide?**
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| *Is there anything else you’d like to share about your housing or health needs? (e.g. personal circumstances, support, or anything not already covered).* |

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| 1. **Declaration and Consent**
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| I certify that the information contained in this medical form is true to the best of my knowledge. I agree to notify Calvay Housing Association Ltd in writing of any changes to the information I have provided, as this may affect my position on the waiting list.I understand that any false or misleading information given, or relevant information withheld now or at any time, may result in my application being suspended or any tenancy granted being terminated.I give permission for Calvay Housing Association Ltd to make enquiries regarding the information in this form with my GP, hospital doctor/consultant, or any other relevant agencies involved in my health care.I understand that the information I have provided will be treated as confidential and is protected under current Data Protection legislation. |

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| 1. **Signature**
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| **Main Housing Applicant’s signature** |  | **Date** |  |
| **Person Applying for Health & Housing Need** **Signature***(For the person named in Section 2, aged 16 or over, and if not the main applicant)* |  | **Date** |  |