A close-up of a logo

AI-generated content may be incorrect.

**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** | | | |
| **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)** | | | |
| **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** | | | | | | | | | |
| **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** | |
| **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** | |
| **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** | |
| **Are you in receipt of and disability benefits?** | No  Yes |

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| 1. **Additional Information you would like to provide?** |
| *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** |
| 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** | | | |
| **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** |  |