



Health & Housing Need Assessment Form

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.

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

2. 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	

3. Health Condition, Illness or Disability affected by your current housing situation

Do you use a wheelchair?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>if answered yes, please answer if</i>	Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Both	<input type="checkbox"/>
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What is your Health Condition, Illness or Disability?	Permanent Condition?	Diagnosed by a GP or Specilaist /Consultant?
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

4. Tell us about your Current Home

Is your home on one level?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many steps are there to the front door of your home?	[] steps
Are there steps inside your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, how many?</i> [] steps
How many steps or stairs can you manage comfortably?	[] steps/stairs

In what ways does your current accommodation not meet your health-related needs?

<i>(Select all that apply):</i>	
<input type="checkbox"/>	Stairs or steps I cannot manage
<input type="checkbox"/>	Bathroom not accessible (e.g. no walk-in shower, unsuitable layout etc.)
<input type="checkbox"/>	Kitchen not accessible
<input type="checkbox"/>	Bedroom not accessible / on the wrong floor
<input type="checkbox"/>	Insufficient space for medical equipment or adaptations
<input type="checkbox"/>	Other <i>(please provide details below for anything not mentioned above)</i>

5. Your Housing Needs	
What improvements to your living environment would enhance your quality of life and support your health condition, illness or disability? <i>(Select all that apply):</i>	
<input type="checkbox"/>	Step free or lift access
<input type="checkbox"/>	Ground Floor Accommodation
<input type="checkbox"/>	Level-access or walk-in-shower
<input type="checkbox"/>	Adapted Bathroom – wetroom
<input type="checkbox"/>	Adapted Kitchen – e.g. lowered countertops
<input type="checkbox"/>	Additional bedroom or space for medical equipment or care
<input type="checkbox"/>	Other <i>(Tell us about any improvements not mentioned above in the space below)</i>

6. Benefits Claimed

Are you in receipt of and disability benefits?

No

Yes

7. 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).

8. 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.

9. 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