

# Medical Assessment Form



Ref no:

Name:

Address:

Form supplied by:

If you need help completing this form or using the Durham Key Options scheme, please contact us and tell us what we can do to help. Please tick the box below that applies to you:

I have **not** already told you about my medical/welfare needs.

I have **already** told you about my medical/welfare needs, but I need to tell you about a **change** in my circumstances so that you can re-assess my housing needs.

## Medical information

Please tell us anything you think is relevant to your application about you, or anybody to be rehoused with you. Please also provide any letters to support your application, such as from your GP, consultant or therapist. We will use only the information you give when making our assessment.

Please complete the following section for **each person** on this application (including you) who has a medical condition or disability that affects their housing needs. If you need to tell us about more than 3 people, please give us the same information for each one on a separate sheet:

	Person 1	Person 2	Person 3
Name			
Date of birth			
Briefly describe the mental or physical condition or disability.			
Provide the name, address and phone number of all the people involved in this person's care, such as the GP, consultant, occupational therapist, social worker or other care giver, such as a relative or friend. Use a separate sheet if you need to.			



Please list any medicines prescribed.			
Please say how your current home makes the mental or physical condition or disability worse. Use a separate sheet if you need to.			

**Please tell us more about you and the people who will be living with you.**

**Do you or anyone to be rehoused with you use a wheelchair?** Yes  No

If yes, please say whether it is all the time, occasionally, or only outdoors:

**Do you or anyone to be rehoused with you use a walking aid, such as a stick, crutches or a walking frame?** Yes  No

If yes, please say whether it is all the time, occasionally, or only outdoors:

**Are you or anyone to be rehoused with you receiving attendance allowance?** Yes  No

If yes, please say whether this is at the high or low rate:

**Do you or anyone to be rehoused with you receive Personal Independence Payment (formerly DLA)?** Yes  No

If yes, please say whether this is at the standard or enhanced rate:

**For medical reasons do you or a person to be rehoused with you sleep in a room which is not a bedroom?** Yes  No

If yes, please say which room, and why:

**Please tell us which facilities you have in your current home.**

Downstairs bathroom	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upstairs bathroom	Yes <input type="checkbox"/> No <input type="checkbox"/>
Downstairs toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upstairs toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outside toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Has your current home been adapted?

Ramp / level access	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stair lift	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level-access shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Downstairs bedroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Extra adaptations for wheelchair users (such as widened doors, grab rails and low-level kitchen units)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other adaptations		

Will you need any of these adaptations in your new home? Yes  No

If yes, please tell us which ones you will need.

Would you be able to stay in your current home if it was adapted? Yes  No

## Ability to move around your home

Tell us about how well you, and anyone who will be rehoused with you, manage in your current home. Write the names of the people with a medical condition or disability in the boxes that best apply to them:

Ability to manage	Easily	With difficulty	With significant difficulty	With the help of adaptations	Cannot manage
Stairs / steps inside your home					
Stairs / steps outside your home					
Able to access and use current toilet facilities					
Able to access and use current bathing facilities					

## Welfare

Do you need to be rehoused in order to provide or receive care or support from family or friends? Yes  No

If yes, tell us here who you need to help or get help from, where they live and why the care or support is needed.

Please tell us here about anything else that is making it difficult for you to live in your current home and that moving to a different home or area would help with.

## Declaration

**I/We have read the summary of the Durham Key Options Letting Policy and I/we understand the following:**

- If I/we give information that is incorrect or incomplete, you may take action against me.
- It is an offence to give false information or withhold information relevant to my/our application and that if I/we do so, I/we could be liable to a fine of up to £5,000 under section 171 of the Housing Act 1996.
- Durham Key Options could take steps to withdraw an offer of accommodation or seek possession of a tenancy that has been granted because of a false statement that I/we have made or that anyone acting on my/our behalf has made.
- Everyone has the right to live safely and peacefully without worrying about being annoyed or harassed. Anti-social behaviour means behaviour that causes or is likely to cause fear, alarm or distress. I/We agree that I/we will not be involved in any such anti-social behaviour or any criminal activity, as described above, if offered a tenancy.
- If accommodation is offered through Durham Key Options, I/we must keep to the conditions of the tenancy agreement I/we have with that partner landlord.
- Durham Key Options will verify the information I/we have given in this form with agencies like the police, social services, other local authority departments, the probation service, doctors, landlords and any other relevant person, if they wish to do so, as allowed by law.
- On occasion, I/we may receive a message from Durham Key Options by email or text but only for the purpose of notifying of policy changes, or to advise that properties I/we have expressed an interest in, are available to let.
- It is my/our responsibility to notify Durham Key Options about any change in my/our circumstances, which might affect my/our application for housing.

### Main applicant

Signature	Print name	Date
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### Joint applicant

Signature	Print name	Date
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## For office use only

### Assessment

**Housing priority on medical / welfare grounds – Medical / welfare criteria** (tick as appropriate)

Medical

Welfare

Urgent medical

No medical awarded

OT comments/recommendations if applicable

Signature	Date
Name	Job title