# Health & Disability Assessment

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|---|
| Date Rec'd |
| Ref No |

| | |
|---|---|
| Name of Applicant | |
| Name of Other Applicant | |

**Full name of person(s) included in your application with medical condition**

| Name | D.O.B. | Disability/Medical Condition (Please continue on a separate piece of paper if necessary) |
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|---|---|
| Address | Tel No |
| Address | Tel No |

| Name | What Medication do you take? (Please continue on a separate piece of paper if necessary) | Indicate Dosage |
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**How does your housing affect your medical condition/disability?**

| Name | How are you affected? |
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**Do you get any of the following?** **(Please tick where applicable)**

**Mobility Allowance** Yes ☐ No ☐
**Name** _____

**Disability Living /Attendance Allowance** Yes ☐ No ☐

**Severe Disablement Allowance** Yes ☐ No ☐

**Other (Please describe in the box below)** Yes ☐ No ☐

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**Are you Registered Disabled?** Yes ☐ No ☐

**If Yes, who? Name** _____

**Do you have a:**
**Community alarm system, telecare or careline telephone?** Yes ☐ No ☐

**Warden alarm system, i.e. Resident warden on site?** Yes ☐ No ☐

## YOUR HOME

| **Do you live in** | **(Please tick one)** |
|---|---|
| **A house (all)** | Yes ☐ No ☐ |
| **A house (downstairs only)** | Yes ☐ No ☐ |
| **A bungalow** | Yes ☐ No ☐ |
| **A ground floor flat** | Yes ☐ No ☐ |
| **An upstairs flat (which floor)** | Yes ☐ No ☐ Floor No**…….** |
| **If Yes, is there a lift** | Yes ☐ No ☐ |
| **Other, (Please describe in the box below)** | Yes ☐ No ☐ |

**Does your home have any special aids/adaptations? If yes, please give details**

## Mobility

**Can you get around inside your home?**

Easily ☐
With difficulty ☐
Not at all ☐

**Do you use any of the following inside your home?**

Walking stick ☐
Walking frame ☐
Wheelchair ☐

**Do you have difficulty climbing stairs in your property?** Yes ☐ No ☐ N/A ☐

**Do you need to go upstairs to access your toilet, bathroom or bedroom?** Yes ☐ No ☐

**Can you get around outside your home?**

Easily ☐
With difficulty ☐
Not at all ☐

**Do you use any of the following outside your home?**

Walking stick ☐
Walking frame ☐
Wheelchair ☐

**Do you have problems with?**

Sight? ☐
Memory? ☐
Hearing? ☐

**What type of accommodation would help your medical need/disability?**

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**How would this accommodation help your medical need/disability?**

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**Any other information relevant to medical need**

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**Name and Address of GP(s)**

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**Name and Address of Specialist**

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**Authorisation to Disclose Information**

I/We understand that 'Home Choice Plus' may share information provided with other organisations and statutory bodies to meet my/our housing needs and to protect public funds. I/We understand 'Home Choice Plus' will make enquiries which are appropriate and relevant to this medical and disability form.

'Home Choice Plus' is a partnership of six local authorities, Bromsgrove, Malvern Hills, Stratford, Worcester, Wychavon and Wyre Forest, working together for the purpose of prioritising the allocation of social housing. The legal basis for processing data is under the Council's public task as set out in part 6 and part 7 of the Housing Act 1996, as amended.

The information provided on this form will be held on computer and is subject to the provisions of Data Protection legislation. The information is confidential and will not be passed on to any other person or organisation without your consent unless required to do so by law for the purposes of housing. For further information on 'Home Choice Plus', data protection policy and procedures please contact the agency dealing with your application or see the privacy policy on the Home Choice Plus website. Your information will be stored for a period of 6 years from the closure of your application.

**(A Parent should sign for those under 18)**

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|---|---|---|---|
| **Signature of Patient 1** | | **Date** | |
| **Signature of Patient 2** | | **Date** | |

*FOR OFFICE USE ONLY*

**HOUSING ASSESSMENT**

No medical need ☐ Gold Plus ☐ Silver Plus ☐

**Referral:** Yes ☐ No ☐ Date:

**Comments**

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**Medical referee's assessment**

No medical need ☐ Medical Need ☐

**Banding decision**

No medical need ☐ Gold Plus ☐ Silver Plus ☐

**Housing Manager's Signature** **Date**