

Health and Disability Application for Assessment



Guidance Notes

This form should be completed if someone within the household has a health condition or disability which is affected by the current accommodation and you require re-housing because of this.

What you should do:

- Complete all questions on the application form, giving as much detail as possible
- Sign and date the form
- If you already have any information relating to the person's health or disability circumstances you can enclose a copy of these with the application
- If further assistance is required to complete this application please contact your local housing office.
- Return the form in person to your local housing office or by post to East Ayrshire Council who will deal with your application on behalf of the SEARCH partners:

East Ayrshire Council
Housing Register Team
Housing Service
P.O. Box 13
John Dickie Street
Kilmarnock
KA1 1HW

What happens next?

- The information you provide will be used to make an assessment of your housing need.
- We may contact you for further details
- We will write to you when a decision regarding your application has been made

Application For Health And Disability Assessment

All information provided will be treated in the strictest confidence

Please answer all the questions as fully as possible to help us consider this application.
If this form is not fully completed we will not be able to carry out an assessment.

A separate application form should be filled in for each person requiring consideration in the household. Only the highest priority will be considered for the whole household.

What is the Application for Housing Reference Number that this application relates to (if you have it)?

Name of main applicant

Current address

Name of joint applicant

Current address

Telephone number

Section 1: Information about the household member who has a health issue or disability

Name of household member with health issue or disability

Date of birth

Relationship to applicant

Name of GP

GP Address

GP Telephone number

Please detail any prescribed medication the person is currently taking:

Does the person receive any health or social care support in their home, for example, home care, district nursing, occupational therapy? (please give brief details)

[illegible]

Does the person receive any support from a Social Worker or health professional?
If YES, please give name and address below:

Name:	
Address:	
Profession:	
How often does the person see them?	
When did the person last see them?	

Does the person receive any of the following allowances?	High	Med	Low
Disability Living Allowance – care component			
Disability Living Allowance – mobility component			
Attendance Allowance			
Payments from the Independent Living Fund			
Severe Disablement Allowance			
Incapacity Benefit/Employment Support Benefit			
Disability Premium (An add-on to Income Support)			

Section 2: Information about the person's current accommodation

Current accommodation type (please tick all that apply)			
Sheltered Housing/Supported Accommodation		Maisonette (Ground floor)	
		Maisonette (Upper floor)	
Amenity Housing		House (three-storey)	
Flat (ground floor)		House (end-terrace)	
Flat (upper floor)		House (mid-terrace)	
Multi-storey flat		House (semi-detached)	
Basement flat		House (detached)	
Attic flat		Bungalow	
Bedsit upper		Other (please give details)	
Bedsit lower			
Four in a Block (Ground floor)			
Four in a Block (upper floor)			
How many bedrooms does your current accommodation have? (If you have a separate dining room you should count this as a bedroom)			

Layout of current accommodation (please tick all that apply)			
Bathroom upstairs		Toilet downstairs	
Bathroom downstairs		Curved internal stairs	
Bedroom upstairs		Straight internal stairs	
Bedroom downstairs		Number of external steps	
Toilet upstairs			

What does the person's current home have? (please tick all that apply)

Level access entrance	<input type="checkbox"/>	Stair lift	<input type="checkbox"/>
Ramped entrance	<input type="checkbox"/>	Tracking hoist fixed to the ceiling	<input type="checkbox"/>
Door entry system (not a communal one)	<input type="checkbox"/>	Handrails inside over stairs	<input type="checkbox"/>
Handrail(s) outside over steps	<input type="checkbox"/>	Adapted kitchen (e.g. lowered worktops, special sink etc)	<input type="checkbox"/>
External lift	<input type="checkbox"/>	Adaptation(s) for people with a hearing impairment	<input type="checkbox"/>
Community Alarm/Telecare	<input type="checkbox"/>	Adaptation(s) for people with a visual impairment	<input type="checkbox"/>
Walk-in shower (wet floor area or level shower base)	<input type="checkbox"/>	Other (please give details)	
Step-in shower	<input type="checkbox"/>		
Over-bath shower	<input type="checkbox"/>		
Specialist toilet/bath	<input type="checkbox"/>		
Wider doors for wheelchair access	<input type="checkbox"/>		

Specialist Equipment – Please detail any medical equipment, for example hospital bed, mobile hoist, ventilator, oxygen etc and/or other specialist equipment, for example, bathing, showering or toileting equipment, special seating, walking aid, wheelchair the person currently uses in the accommodation.

Section 3: Information about the difficulties the person is having in the current accommodation

Health issue/disability – Please detail the health issue/disability that is causing difficulties with the person's current accommodation.

Please tell us if the person has any difficulty within their current property with any of the following (tick all that apply):

Climbing outside steps	<input type="checkbox"/>	Getting into rooms due to the width of the doors or hallways	<input type="checkbox"/>
Getting in/out bath or shower	<input type="checkbox"/>	Other (please give details)	
Getting on/off toilet	<input type="checkbox"/>		
Climbing the stairs inside the accommodation	<input type="checkbox"/>		
Getting from room to room	<input type="checkbox"/>		
Reaching work surfaces/switches or sockets	<input type="checkbox"/>		

Section 4: Information about Preferences

What would the person prefer to do?

(Please note that it is not always possible to have properties adapted)

Remain in current accommodation

(if it could reasonably be made suitable for the person's needs)

Move to ground floor accommodation with level access (no outside steps)

Move to a house that has already been adapted, for example with a ramped access and a shower.

Other

Please give details of the reasons why this is the preferred option:

Does the person require an additional bedroom due to their health needs or disability outwith their bedroom entitlement within the Allocation Policy?

If YES, please give details below:

Please detail any other information that you think is relevant to this application

If the person wants us to deal with someone else on their behalf (a representative) about this application please give their details below.

Name:

Address:

Relationship to you (if any)

Telephone number:

If the person appoints a representative, then personal information may be given to the representative in connection with the person's application for housing.
The applicant cannot hold any of the partner landlords responsible for information which is shared with a representative.

If this application was completed by anyone other than the above please provide details below.

Name

Relationship to Applicant

Signature

Date

Declaration

Please read this declaration carefully

- I confirm that the details I have given on this application form are true and accurate.
- I understand that if my circumstances change, I must tell the housing provider I returned this application to.
- I understand that if I give any false or misleading information, or do not provide relevant information, that any points awarded to my application can be withdrawn.
- If I get a tenancy based on false or misleading information, I understand that the landlord may take court action to evict me.
- I agree that the SEARCH partners can ask for additional information from other agencies and health and social services professionals in connection with my application.
- I authorise these agencies and health and social services professionals to disclose any information needed in connection with my housing application.
- I understand that the information on the outcome of this application is going to be put on the register and you will share this information with any or all landlords using the register.

Applicant's signature		Date
Joint Applicant's signature		Date
If the person detailed in this application is not the applicant or joint applicant and is aged 16 years or over then they also need to sign this declaration.		
Household member with health issue or disability:		
Signature		Date

East Ayrshire Council Area Housing Offices

Northwest Area Team

North West Kilmarnock Area Centre
Western Road,
KILMARNOCK, KA3 1NQ
Tel: 01563 555 670
Fax: 01563 578 742

Kilmarnock Central and South Area Team

Council Offices,
John Dickie Street,
KILMARNOCK, KA1 1HW
Tel: 01563 576 619 & 576 620
Fax: 01563 576 659

Irvine Valley and Ballochmyle Area Team

51 Academy Street,
HURLFORD, KA1 5BU
Tel: 01563 554 668 & 554 659
Fax: 01563 554 665

Cumnock and Doon Valley Area Team

25 Ayr Road,
CUMNOCK, KA18 1EA
Tel: 01563 555 440 & 555 441
Fax: 01563 555 421

SEARCH Partner Landlords

Atrium Homes

39/41 John Finnie Street,
KILMARNOCK, KA1 1BL
Tel: 01563 528 816
Fax: 01563 525 558

Cunninghame Housing Association

42 Campbeltown Drive,
KILMARNOCK, KA3 1JX
Tel: 01294 607 550
Fax: 01563 551 325

Irvine Housing Association

9 Glencaig Street,
DRONGAN, KA6 7AS
Tel: 0845 112 6600
Fax: 01292 591 646

Shire Housing Association

Netherthird House,
Netherthird, CUMNOCK KA18 3DB
Tel: 01290 421 130
Fax: 01290 428 025

This document is also available, on request, in braille, large print or recorded on to tape, and can be translated into Chinese, Punjabi, Urdu, Gaelic and Polish.

Ma tha sibh airson fiosrachadh fhaighinn ann an cànan sam bith eile, cuiribh brath thugainnaig an t-seòladh a leanas.

اگر آپ یہ معلومات کسی اور زبان میں چاہتے ہیں تو براہ کرم ہم سے رابطہ کریں۔

閣下如需要這份資料的其他語言版本，請透過以下的地址與我們聯絡。

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ
ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰ ਹੇਠ ਦਿੱਤੇ ਗਏ ਪਤੇ 'ਤੇ
ਸੰਪਰਕ ਕਰੋ ।

Dokument dost pny jest równie w alfabecie Braille'a, w wersji z powi kszonym
drukem lub w formie nagrania d wi kowego na kasecie. Na yczenie oferujemy
tak e tłumaczenie dokumentu na wybrany j zyk.