

Ref No:

Self-Assessment Medical Form

This self-assessment application form is used to assess the following:

- Section 2 How does your housing affect your illness – (medical points)
- Section 3 If you require a specially adapted property
- Section 4 If you need an extra bedroom for a carer or due to illness or disability

Policy Decisions

Points will be awarded to an applicant suffering from anxiety or depression only if he/she is receiving medical treatment on a regular basis.

Points will not be awarded to applicants who have a disability or disabling illness which affects their mobility where they will not consider ground floor or first floor accommodation.

Applicants for an additional bedroom will be decided individually by merit, and must be supported with information provided by a health professional.

Please complete Section 1 and any other section which relates to your housing application.

Section 1

Name of Main Applicant:	
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Please give details of the person for whom medical points are being sought

Name:	
Address:	

Describe in your own word what health problem or disability you have

What medical treatment are you receiving?

Section 2 How does your housing affect your illness? – (Medical points)

Does the design or the condition of your house affect your illness?

	Yes		No
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(For example, you may have poor mobility and you live in an upper tenement flat or your home suffers from dampness)

If yes please give details

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Would re-housing alleviate your medical condition? If so is re-housing essential or advisable?

- Essential would be your health would be greatly improved, for example you live on a top floor tenement and have sever mobility issues
- Advisable may be that there is a link between your housing and poor health

Please give reasons why you think re-housing is either essential or advisable

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Section 3 If you require a specially adapted property

Do you use a walking aid?

	Yes		No
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Do you use a wheelchair?

	Yes		No
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- If yes do you use it indoors or outdoors?

	Both		Outdoors only
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Is your current home wheelchair adapted?

	Yes		No
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Do you have difficulty getting in and out of the bath?

	Yes		No
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Do you have difficulty getting on and off the toilet?

	Yes		No
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Can you manage stairs inside your home?

	Yes		Need Help		No
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Can you manage stairs to the entrance to your home

	Yes		Need Help		No
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Do you reach any of the following rooms by using internal stairs?

Bedroom		Yes		No
Bathroom		Yes		No
Only toilet		Yes		No

Have there been any adaptations made to your home?

	Yes		No
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Do you need further adaptations to your home?

	Yes		No
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<ul style="list-style-type: none"> ▪ If yes please provide details

If you have any further difficulties with mobility in your home that are not listed above please provide details

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Section 4 If you need an extra bedroom for a carer due to an illness or disability

Do you need an additional bedroom due to illness or to accommodate a 'non-residential' carer? Is so please provide details

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If you the applicant do not receive pension credits please provide the following information:

Are you, your partner or a member of your family in receipt of disability living allowance care component at the middle or high end?

	Yes		No
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Is a member of your household in receipt of attendance allowance?

	Yes		No
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If no, can you provide a letter from one of the following agencies confirming why you need an extra bedroom due to illness or to accommodate a non-residential carer:

- Your Doctor
- The Social Work Department
- NHS health professional, health visitor or occupational therapist
- Respite care organisation/private care organisation

This information may also be required if you are in receipt of housing benefit and are likely to be affected by the 'bedroom tax'

Please give us the name and address of your GP and that of any other health care professional with whom you have had recent contact:

GP/Health Professional	Name:
	Address:
	Telephone Number:

Do we have permission to contact any of the above people if we need more information about your health?		Yes		No
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Signature:

Date: