

**Ref No:** **Confidential**

**Form for a specially adapted property**

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

* Section 2 If you require a specially adapted property
* Section 3 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:** |  |

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 |
|  |

**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** |

(For example, you may have poor mobility and you live in an upper tenement flat or your home suffers from dampness)

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| If yes please give details |
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**Section 3 If you require a specially adapted property**

**What adaptations do you require? Please give details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you use a walking aid?** |  | **Yes** |  | **No** |
| **Do you use a wheelchair?** |  | **Yes** |  | **No** |
| * If yes do you use it indoors or outdoors?
 |  | **Both** |  | **Outdoors only** |
| **Is your current home wheelchair adapted?** |  | **Yes** |  | **No** |
| **Do you have difficulty getting in and out of the bath?** |  | **Yes** |  | **No** |
| **Do you have difficulty getting on and off the toilet?** |  | **Yes** |  | **No** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Can you manage stairs inside your home?** |  | **Yes** |  | **Need Help** |  | **No** |
| **Can you manage stairs to the entrance to your home** |  | **Yes** |  | **Need Help** |  | **No** |

**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 |
| * If yes please provide details
 |  |  |  |  |
| **Do you need further adaptations to your home?** |  | Yes |  | No |
| * 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 Personal Independent Payment at the middle or high end?** |  | **Yes** |  | **No** |
|  |  |  |  |
| **Is a member of your household in receipt of Attendance Allowance?** |  | **Yes** |  | **No** |

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

**Signature: Date:**