

homeseekers























Application for Rehousing on Health Grounds

This includes both physical & mental ill health
PLEASE READ 'APPLYING FOR A HEALTH PRIORITY' LEAFLET **BEFORE** COMPLETING THIS FORM

OFFICE USE ONLY

Housing reference number

1 About you			
Mr/Mrs/Miss/ Ms/etc.	First name	Last name	
Address	Full postcode	How can we contact you? Tel. home Tel. work Tel. mobile	
Occupation		E-mail address	

If you are known by another name or are staying at another address, please tell us what it is and confirm a telephone number where we can contact you.

If you are a single person, who is your next of kin? Please tell us their name, relationship, address and telephone number.

Are you filling in this form for	someone else? No Yes
If No go to Section 3, if Yes, what is your name?	
Relationship to applicant	
Your address	
Your telephone number	
Does the applicant know you	are filling in this form? No Yes

2 About your household

Please list all the people living at your address, **including yourself**. Please tick a box for those who have a health problem and for those who wish to be rehoused together.

Health Housed

First name	Surname	Date of birth	M/F	Relationship	problem?	together?
		DD-MM-YY				
		DD-MM-YY				
		DD-MM-YY				
		DD-MM-YY				
		DD-MM-YY				
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	e e	DD-MM-YY				
		DD-MM-YY		9		
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		DD-MM-YY				
		DD-MM-YY				

3a Your health - part 1			
Please describe the problems - physical and mental - and/or MORE SPACE AVAILABLE IN SECTION	disability of those people listed in Section 3. ON 10 IF NEEDED		
Full name of person with health problem	When did problem begin?		
What is the health problem?			
Full name of person with health problem	When did problem begin?		
What is the health problem?			
Full name of person with health problem	When did problem begin?		
What is the health problem?			
Full name of person with health problem	When did problem begin?		
What is the health problem?			
3b Your health - part 2			
What practical difficulties do each of those people listed in S MORE SPACE AVAILABLE IN SECTION	Section 3 experience in their current home ON 10 IF NEEDED		
Full name of person with health problem			
How does your home restrict the person with the health p	roblem?		
Full name of person with health problem			
How does your home restrict the person with the health p	roblem?		

3a Your health - part 2 continued			
Full name of person with health problem			
How does your home restrict the person with the health problem?			
Full name of person with health problem			
How does your home restrict the person with the health problem?			
4 About your present home			
Name of your landlord			
Traine of your failuloru			
How many bedrooms does your home have? How many people share with you? What floor level is your front door on?			
flat maisonette house bungalow ? Do you have a garden? No Yes			
Does your property have a lift? No Yes If Yes, how many lifts are there in the block?			
How many steps are there to your front door? If you have internal stairs in your home,			
how many do you have?			
Are your bathroom & toilet combined? No Yes			
If you live in a house or maisonette, is your toilet: upstairs downstairs ?			
Does your home have any adaptations? No Yes If Yes, please let us know what they are:			
grab rails stair-lift through floor lift ceiling track hoist bathing equipment			
other adaption please describe			
5 About the type of home you want			
In your opinion, what type of home do you need?			
Do you need extra space for your health care? No Yes			
If Yes please give details - e.g. wheelchair access, storage for medical equipment, etc.			
What FLOOR LEVEL would you be prepared to live on? With lift Without lift			

o risour your doctor and	l other health professionals	
Full name of person with	Name and address of doctor	
health problem		
		Tel 🖀
Full name of person with	Name and address of doctor	
health problem	Trume and dadress of doctor	
		Tel 🖀
Full name of person with health problem	Name and address of doctor	
		Tel Tel
Full name of person with	Name and address of doctor	
health problem		
		Tel 🖀
Is there any other health or s	ocial service staff involved in prov	viding care? No Yes
	district nurse/physiotherapist/soci	
Full name of person with health problem	Name and address of health pro	ofessional/social worker
ricalar problem		
		Tel 🖀
Full name of person with	Name and address of health pro	
Full name of person with health problem	Name and address of health pro	
	Name and address of health pro	
	Name and address of health pro	
health problem		ofessional/social worker Tel 🖀
health problem Full name of person with	Name and address of health pro	ofessional/social worker Tel 🖀
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health problem Full name of person with		ofessional/social worker Tel 🖀
Full name of person with health problem Full name of person with		Tel Tel
Full name of person with health problem	Name and address of health pro	Tel Tel
Full name of person with health problem Full name of person with	Name and address of health pro	Tel Tel
Full name of person with health problem Full name of person with	Name and address of health pro	Tel Tel

7 Treatment of the person with a health problem (person 1)				
Full name of person with health problem	Name of consultant and address of hospital where treatn	nent is taking place		
Hospital record number (if ki	nown)			
Date of next appointment				
Please detail any treatment sprays, creams, inhalers, etc.	and list all medicines and tablets you are taking, inc			
Treatment	Name of Medication and Dose (e.g. 250 mg)	How often do you take the medicine?		
7 T	on with a health muchlant (news 2)			
Full name of person with	on with a health problem (person 2)			
	Name of consultant and address of hospital where treatm	nent is taking place		
Full name of person with		nent is taking place		
Full name of person with health problem	Name of consultant and address of hospital where treatments	nent is taking place		
Full name of person with health problem Hospital record number (if kr	Name of consultant and address of hospital where treatments	nent is taking place		
Full name of person with health problem Hospital record number (if kn) Date of next appointment	Name of consultant and address of hospital where treatments are also addressed in the consultant and address of hospital where treatments are also addressed in the consultant and address of hospital where treatments are also addressed in the consultant and address of hospital where treatments are also addressed in the consultant and addressed in th			
Full name of person with health problem Hospital record number (if kn) Date of next appointment	Name of consultant and address of hospital where treatments	luding ointments,		
Full name of person with health problem Hospital record number (if known person with health problem) Date of next appointment Please detail any treatment	Name of consultant and address of hospital where treatments are also addressed in the consultant and address of hospital where treatments are also addressed in the consultant and address of hospital where treatments are also addressed in the consultant and address of hospital where treatments are also addressed in the consultant and addressed in th			
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Full name of person with health problem Hospital record number (if known person with problem) Date of next appointment Please detail any treatment apprays, creams, inhalers, etc.	Name of consultant and address of hospital where treatmounts nown) and list all medicines and tablets you are taking, inc	luding ointments, How often do you		
Full name of person with health problem Hospital record number (if known person with problem) Date of next appointment Please detail any treatment apprays, creams, inhalers, etc.	Name of consultant and address of hospital where treatmounts nown) and list all medicines and tablets you are taking, inc	luding ointments, How often do you		

7 Treatment of the person with a health problem (person 3)			
Full name of person with health problem	Name of consultant and address of hospital where treatment is taking place		
Hospital record number (if k	nown)		
	nown)		
Date of next appointment	and list all modisines and tablets you are taking including cintments		
sprays, creams, inhalers, etc.	and list all medicines and tablets you are taking, including ointments, How often do you		
Treatment	Name of Medication and Dose (e.g. 250 mg) take the medicine?		
	on with a health problem (person 4)		
Full name of person with health problem	Name of consultant and address of hospital where treatment is taking place		
Hospital record number (if k	nown)		
Hospital record number (if k	nown)		
Date of next appointment			
Date of next appointment	and list all medicines and tablets you are taking, including ointments How often do you		
Date of next appointment Please detail any treatment	and list all medicines and tablets you are taking, including ointments		
Date of next appointment Please detail any treatment sprays, creams, inhalers, etc.	and list all medicines and tablets you are taking, including ointments How often do you		
Date of next appointment Please detail any treatment sprays, creams, inhalers, etc.	and list all medicines and tablets you are taking, including ointments How often do you		
Date of next appointment Please detail any treatment sprays, creams, inhalers, etc.	and list all medicines and tablets you are taking, including ointments How often do you		
Date of next appointment Please detail any treatment sprays, creams, inhalers, etc.	and list all medicines and tablets you are taking, including ointments How often do you		

8 Walking, getting about, care and support (person 1)				
Full name of person with health problem				
Is walking difficult? If YES, in what way?				
No Yes				
How far can you walk on level	el ground? Please tick appropriate box			
Indoors only	10 yards/metres 200 yards/metres			
¹ / ₄ mile/400 metres	¹ / ₂ mile/800 metres Over a mile/over 1500 metres			
	of the following used? <i>Please tick appropriate box</i> ag frame Crutches With assistance of another None			
If you do, are these used indo	pors? No Yes			
How many stairs can you clim	nb? Please tick appropriate box			
None 1-3 steps	8-12 steps 2 flights 3 flights			
Do you need equipment to go	o up or down? No Yes			
Have you ever fallen when sta	anding or walking? No Yes			
Do you leave home alone? Dis	isregard if the person is young child No Yes			
If support care is provided, ho	ow often does this happen? Please tick appropriate box			
	ow is this help needed?			
Fortnightly				
8 Walking, getting about, care and support (person 2)				
8 Walking, getting about	t, care and support (person 2)			
8 Walking, getting about Full name of person with healt				
Full name of person with healt Is walking difficult? If YES, in				
Full name of person with healt Is walking difficult? If YES, in No Yes	th problem n what way?			
Full name of person with healt Is walking difficult? If YES, in No Yes How far can you walk on level	th problem n what way? el ground? Please tick appropriate box			
Full name of person with healt Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only	th problem what way? If ground? Please tick appropriate box 10 yards/metres 200 yards/metres			
Full name of person with healt Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres			
Full name of person with healt Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box			
Full name of person with healt Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walking	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box ag frame Crutches With assistance of another None			
Full name of person with healt Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box ag frame Crutches With assistance of another None oors? No Yes			
Full name of person with healts Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walking If you do, are these used indoors	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box ag frame Crutches With assistance of another None oors? No Yes			
Full name of person with health is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walking If you do, are these used indoors how many stairs can you climing walking the walking the walking is any or walking the walking walking the walking walking the walking walk	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box ag frame Crutches With assistance of another None oors? No Yes ab? Please tick appropriate box 8-12 steps 2 flights 3 flights			
Full name of person with healts Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walking If you do, are these used indoors how many stairs can you clime. None 1-3 steps	th problem what way? el ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box g frame Crutches With assistance of another None ors? No Yes 1			
Full name of person with health is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walking If you do, are these used indoor How many stairs can you clim None 1-3 steps Do you need equipment to go Have you ever fallen when stars	th problem what way? If ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box ag frame Crutches With assistance of another None oors? No Yes ab? Please tick appropriate box 8-12 steps 2 flights 3 flights o up or down? No Yes anding or walking? No Yes			
Full name of person with health Is walking difficult? If YES, in No Yes How far can you walk on level Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walking If you do, are these used indo How many stairs can you clim None 1-3 steps Do you need equipment to go Have you ever fallen when state Do you leave home alone? Distance Is walking the property of the person with health Is walking the person walk on the person walk on the person walk of the person walk on the person walk of the person wal	th problem what way? If ground? Please tick appropriate box 10 yards/metres 200 yards/metres 1/2 mile/800 metres Over a mile/over 1500 metres of the following used? Please tick appropriate box If the following used? Please tick appropriate box With assistance of another None oors? No Yes ab? Please tick appropriate box 8-12 steps 2 flights 3 flights o up or down? No Yes anding or walking? No Yes			

8 Walking, getting about, care and support (person 3)					
Full name of person with health problem					
Is walking difficult? If YES, in what way?					
No Yes					
How far can you walk on leve					
Indoors only	10 yards/metres	200 yards/metres			
$^{1}/_{4}$ mile/400 metres When moving about, is any of	1/ ₂ mile/800 metres	Over a mile/over 1500 metres			
	g frame Crutches	With assistance of another None			
If you do, are these used indo	oors? No Yes				
How many stairs can you clin	nb? Please tick appropriate b	DOX			
None 1-3 steps	8-12 steps 2 flig	ghts 3 flights			
Do you need equipment to g	o up or down? No	Yes			
Have you ever fallen when sta	anding or walking? No	Yes			
Do you leave home alone? Do					
If support care is provided, he Daily Weekly He	ow often does this happen ow is this help needed?	Please tick appropriate box			
Fortnightly	W is this help needed.				
8 Walking, getting about, care and support (person 4)					
8 Walking, getting about	t, care and support (perso	on 4)			
8 Walking, getting about		on 4)			
	th problem	on 4)			
Full name of person with heal	th problem	on 4)			
Full name of person with heal Is walking difficult? If YES, in	th problem what way?				
Full name of person with heal Is walking difficult? If YES, in No Yes	th problem what way?				
Full name of person with heal Is walking difficult? If YES, in No Yes How far can you walk on leve Indoors only 1/4 mile/400 metres	th problem what way? I ground? Please tick appro 10 yards/metres 1/2 mile/800 metres	priate box 200 yards/metres Over a mile/over 1500 metres			
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Full name of person with heal Is walking difficult? If YES, in No Yes How far can you walk on leve Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walkin If you do, are these used indo How many stairs can you clin	th problem what way? If ground? Please tick approact 10 yards/metres 1/2 mile/800 metres of the following used? Please ag frame Crutches cors? No Yes hb? Please tick appropriate is	opriate box 200 yards/metres Over a mile/over 1500 metres se tick appropriate box With assistance of another None			
Full name of person with heal Is walking difficult? If YES, in No Yes How far can you walk on leve Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walkin If you do, are these used indo How many stairs can you clin None 1-3 steps	th problem what way? el ground? Please tick appro- 10 yards/metres 1/2 mile/800 metres of the following used? Please ag frame Crutches cors? No Yes ab? Please tick appropriate is 8-12 steps 2 flice	opriate box 200 yards/metres Over a mile/over 1500 metres se tick appropriate box With assistance of another None			
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Full name of person with heal Is walking difficult? If YES, in No Yes How far can you walk on leve Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walkin If you do, are these used indo How many stairs can you clin None 1-3 steps Do you need equipment to go	th problem what way? If ground? Please tick approact 10 yards/metres 1/2 mile/800 metres of the following used? Please ag frame Crutches oors? No Yes ob? Please tick appropriate to 8-12 steps 2 flictions oup or down? No anding or walking?	priate box 200 yards/metres Over a mile/over 1500 metres se tick appropriate box With assistance of another None box ghts Yes Yes			
Full name of person with heal Is walking difficult? If YES, in No Yes How far can you walk on leve Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walkin If you do, are these used indo How many stairs can you clin None 1-3 steps Do you need equipment to go Have you ever fallen when sta	th problem what way? If ground? Please tick approact 10 yards/metres 1/2 mile/800 metres of the following used? Please ors? No Yes obs? Please tick appropriate to 8-12 steps 2 flict o up or down? No anding or walking? No isregard if the person is your	priate box 200 yards/metres Over a mile/over 1500 metres se tick appropriate box With assistance of another None box ghts 3 flights Yes Yes ng child No Yes			
Full name of person with heal Is walking difficult? If YES, in No Yes How far can you walk on leve Indoors only 1/4 mile/400 metres When moving about, is any of Wheelchair Walkin If you do, are these used indo How many stairs can you clin None 1-3 steps Do you need equipment to go Have you ever fallen when state Do you leave home alone? Do If support care is provided, he	th problem what way? If ground? Please tick approact 10 yards/metres 1/2 mile/800 metres of the following used? Please ors? No Yes obs? Please tick appropriate to 8-12 steps 2 flict o up or down? No anding or walking? No isregard if the person is your	priate box 200 yards/metres Over a mile/over 1500 metres se tick appropriate box With assistance of another None box ghts 3 flights Yes Yes ng child No Yes			

10 Declaration - EACH person with a health problem	n MUST read and sign this declaration		
Full name of person with health problem			
The information you provide will be used for the purposes of your application for re-housing on health grounds. The information will be disclosed to the Health Advisors, designated staff with the Lettings Section and Occupational Therapists (if appropriate).			
May we give information about you to other care agencies your care in connection with this application?	who need it in order to provide No Yes		
Do you give permission for your doctor or other Health or Social in your care, to release details about your health if we need to	Services staff, who have been involved get information? No Yes		
Signature	Date		
Full name of person with health problem			
The information you provide will be used for the purposes health grounds. The information will be disclosed to the He Lettings Section and Occupational Therapists (if appropriat	ealth Advisors, designated staff with the		
May we give information about you to other care agencies your care in connection with this application?	who need it in order to provide No Yes		
Do you give permission for your doctor or other Health or Social in your care, to release details about your health if we need to			
Signature	Date		
Full name of person with health problem			
The information you provide will be used for the purposes health grounds. The information will be disclosed to the He Lettings Section and Occupational Therapists (if appropriat	ealth Advisors, designated staff with the		
May we give information about you to other care agencies your care in connection with this application?	who need it in order to provide No Yes		
Do you give permission for your doctor or other Health or Social in your care, to release details about your health if we need to			
Signature	Date		
Full name of person with health problem			
The information you provide will be used for the purposes health grounds. The information will be disclosed to the He Lettings Section and Occupational Therapists (if appropriate	ealth Advisors, designated staff with the		
May we give information about you to other care agencies your care in connection with this application?	who need it in order to provide No Yes		
Do you give permission for your doctor or other Health or Social in your care, to release details about your health if we need to			
Signature	Date		

Data Protection Statement

The information you give on this form will be stored on a computer. We have a duty to protect public funds, so to detect & prevent fraud we will share this information with

other public agencies (viz. the Benefit Agency) & Council Sections (viz. Housing Benefits). To help you with your housing we will also share this information with other housing organisations & support agencies.





