



Medical Self Assessment Form

Important information:
Please read before completing this form

Who can apply for medical priority?

If you suffer from an illness or disability that means your current home is no longer suitable for your needs, you can apply for medical priority to assist you to move to a more suitable property. Please complete a medical self assessment form for each household member that you wish to claim housing priority for.

What information must I provide?

Please complete all sections of the Medical Self Assessment Form and supply the following (if applicable):

- A copy of your most recent prescription
- If you claim Disability Living Allowance/Personal Independence Payment, copy of your most recent award letter or a bank statement showing that you are currently in receipt of the benefit
- If you are receiving care/treatment for your condition(s) please provide supporting evidence from your GP/Consultant/relevant health professional (e.g. consultants letter). **Please do not ask your GP** for a letter of support if you do not have one already
- We will also require proof of income such as bank statements and in certain circumstances may complete an Experian credit reference check for verification and fraud prevention purposes
- **Owner Occupiers** only, copy of your most recent mortgage statement and confirmation of any outstanding loans or debts secured against your property

These documents will be used to help us assess your housing need and do not guarantee that priority will be awarded.

Frequently Asked Questions?

I own my own home can I complete a Medical Self Assessment Form?

Home owners may complete a Medical Self Assessment Form but we will also carry out a financial assessment. This is to establish if you can resolve your own circumstances, for example by selling your current home and buying or renting another. We will always consider adaptations for your current home first if this is a viable option.

I have savings and/or assets over £16,000 can I complete a Medical Self Assessment Form?

You may complete a Medical Self Assessment but we will also carry out a financial assessment to establish whether you are able resolve your own circumstances. The assessment will fully take into account your housing needs and the availability of all potentially suitable properties within the district.

I have a single household income over £30,000p.a or a joint household income over £50,000p.a. can I complete a Medical Self Assessment Form?

You may complete a Medical Self Assessment but we will carry out a financial assessment also to establish if you can resolve your own circumstances.

What should I do if I am on the Housing Register and my circumstances change?

If you have a significant change in your health you **MUST** let the Housing Register team know by completing a new Medical Self Assessment Form. Your application will then be reassessed and you will be notified in writing of the outcome of that assessment.

If your change of circumstance is not medical please complete the Change of Circumstances Form.

What can I do if I am unhappy with the decision you have made?

You may request a review of our decision within 21 days of receiving the decision notice. The request must be made in writing and addressed to the Team Leader Housing Strategy and Needs, Council Offices, St Peter's Hill, Grantham, Lincolnshire, NG31 6PZ.

Application for Medical Priority for Re-housing

To avoid any delays in assessment please ensure you complete all sections.

Section A Details of the household member applying for medical priority	
First name:	
Last name:	
Date of birth:	
Address:	
E-mail:	
Telephone number:	
Reference number:	

Section B Occupants of present accommodation				
Name	Age	Sex	Relationship to applicant	Needs housing with applicant? (Yes/No)

Section C Financial Information	
Annual Household Income	
Do you have a single household income more than £30,000per year Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a joint household income more than £50,000per year Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings	
What is the total amount of your savings or stocks and shares?	£
If you own your own home	
What is the estimated value of your property?	£
What is your monthly mortgage payment	£
Current mortgage balance (Please provide a copy of your mortgage statement)	£
Do you have an interest only mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any loans or debts? (Please provide details and a copy of your loan/debt statement)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any other land or properties in the UK or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section D Details of your current accommodation and mobility			
Are you a: (please tick one) Private tenant <input type="checkbox"/> Council or Housing Association tenant <input type="checkbox"/> Owner <input type="checkbox"/> Lodger <input type="checkbox"/> Living with parents <input type="checkbox"/> Other (please give details)			
How many bedrooms are there in your current property?	Number		
Do you have a lounge?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a separate dining room (that is not used to access other rooms/through room)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What type of property do you currently live in? (please tick one) Bed-sit <input type="checkbox"/> Flat/Maisonette <input type="checkbox"/> House <input type="checkbox"/> Bungalow <input type="checkbox"/> Caravan <input type="checkbox"/> Hostel <input type="checkbox"/> Other (please give details)			
Is there a lift in your current property?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of steps up to the property: Front Back Can you manage these steps:	Independently		With rails
	Not at all		
Number of flights of stairs inside the property:	Can you manage these steps:		
	Independently		With rails
	Not at all		
Do you use any of these INDOORS:	Walking stick/ crutches		Walking Frame
	Wheelchair		Mobility Scooter
Do you use any of these OUTDOORS:	Walking stick/ crutches		Walking Frame
	Wheelchair		Mobility Scooter
Where are your toilet facilities?	Downstairs toilet		Upstairs toilet
	Both		Commode
Do you have any difficulty reaching the toilet?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Where are your bathing facilities?	Downstairs bathroom		Upstairs bathroom
	Both		

What bathing facilities do you have:	Bath		Shower over bath	
	Separate shower cubicle		Level access shower	
Do you have difficulties in using your current bathing facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please state			
Are you currently strip washing?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any adaptations or equipment in your current property?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what do you have:	Ramp		Stair lift	
	Through floor lift		Hoist	
	Adapted kitchen		Other:	
Have you ever had an assessment at your property before from a health professional, for example occupational therapist, physiotherapist, nurse; Please give details:				
Do you drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Blue Badge?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you in employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is your occupation:			

SECTION E Physical and Mental Health/Details and Needs

Do you have a diagnosed physical and/or mental illness that you are receiving treatment for? (please list)

Does your physical and/or mental health issue make living in your current property difficult? (please describe how)

Are there any other household members moving with you who have any physical and/or mental difficulties? Please give details below:

Do you have any friends, relatives or community/charitable services that regularly provide you or a member of your household with additional support/care linked to your medical conditions? If 'yes', please give details including frequency? (Provide names and address)

Do you have any medical conditions which do not allow you to share a room?
 (if yes, please give details)

Why are you requesting to move? Please give details below:

Please list all the Welfare benefits that you receive for your ill health and/or disability:
 Please also provide your most recent award letter (or bank statement) showing receipt of the benefits to assist us with your assessment.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

SECTION F Your Doctor and other Health and Social Care Professionals details:

Doctors name:	
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Doctors address:	
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Do you give your consent for us to contact your doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you regularly attend a hospital or clinic? Frequency	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Weekly	
	Monthly	
	3 Monthly	
	Other please state	

Have you had any recent hospital admissions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, when and for what reason?

Health and/or Social Care professionals	Name	Address	Telephone number	Authorised to contact
Occupational Therapist				Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Worker				Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Care				Yes <input type="checkbox"/> No <input type="checkbox"/>
Community Psychiatric Nurse				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other e.g. District nurse, Counsellor, Physiotherapist				Yes <input type="checkbox"/> No <input type="checkbox"/>
Overnight carer Number of nights per week:				

SECTION G Further Information

Please use this space to give us any other information that you feel is relevant:

Section H Type of accommodation you require

Do you need to live in a specific area to receive care/support? Please state

Describe the accommodation that would best meet you and your families needs:

<p>Is ground floor accommodation needed? If YES – please give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Would you like to be considered for accommodation specifically for the over 55's?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION I Disclosure

It may be necessary for us to share this information and contact other health professionals in order to process your application and assess you needs.

I give/I do not give my permission for SKDC Housing Register Team to contact any relevant individual or organisation/agency to obtain information that may be relevant to my application, including information from my doctor, Consultant or Social Services, if necessary.

I confirm that all information given on this form is correct and completed to the best of my knowledge.

I agree to advise SKDC Housing Register Team of any changes in my medical condition that might affect this application.

I agree/I do not agree that any additional information obtained from my doctor may be disclosed to Officers at SKDC, our partner Housing Associations and my Member of Parliament, if requested and is relevant to my application.

<p>Main applicants signature</p>	
<p>Signature of household member with medical issues, if 16 or over.</p>	
<p>Date:</p>	

Please return this form to the FREEPOST address below:

RTKL-EGAS-BAZX
Housing Strategy and Needs
South Kesteven District Council
Council Offices
St Peter's Hill
Grantham
NG31 6PZ