

**Southside Housing Association**

**Medical Self-Assessment Form**

**HOUSING APPLICATION MEDICAL ASSESSMENT FORM - Guidance Notes**

This form should be completed if you, or a member of your household has a health condition or disability that is affected by your current accommodation and you require rehousing because of this.

You need to have already submitted an Application for Housing before we can assess this application. You can also submit this form at the same time as making an Application for Housing.

This form should only be completed if you, or a member of your household, is seeking medical priority for an illness or disability that affects mobility. Points for this category will not be awarded if you are currently adequately housed for your needs, however it is still important to complete the form as many of our ground and first floor properties are let to applicants with mobility issues.

Complete all questions on the form, giving as much detail as possible and ensure that the form is signed and dated. If you already have any information or documentation relating to the person’s health conditions or disability requirements, please enclose a copy of these with the form.

If there is more than one person applying for housing because of their health needs, each of them should fill in a separate medical assessment form. Only the highest priority will be considered for the whole household.

Please be advised that submission of this form does not guarantee that points will be awarded, or that we will be in a position to rehouse you.

Return the completed form in person or alternatively post to:

Southside Housing Association

135 Fifty Pitches Road

Glasgow

G51 4EB

A scan of the completed Medical Assessment Form can also be emailed to

csd@southside-ha.co.uk. Please do not send photos via this method.

Alternatively, if you have access to a computer, a digital version of this form can be emailed to you. Please contact our Customer Service Team on 0141 422 4804, or email csd@southside-ha.co.uk

**Section 1 – Applicant Details**

Please enter the details of the Applicant or Applicants below. Click on “Click Here” and enter text in the box.

|  |  |
| --- | --- |
| Date:  | Click Here to Enter the Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click Here to Enter the Name of the Applicant | Application Ref: | Click Here |

|  |  |
| --- | --- |
| Address: | Click Here to Enter First Line of Address |
|  | Click Here to Enter Second Line of Address |
|  | Click Here to Enter Third Line of Address |
|  | Click Here to Enter Fourth Line of Address |
|  | Click Here to Enter Postcode |

**Name of member of household affected by medical condition (if not the applicant named above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click Here to Enter Name of Household Member | Date of Birth: | Click to Enter |

**Section 2 – Medical Condition**

**Please tell us what health problem the person named above has in the box below:**

|  |
| --- |
| Click Here to enter the details of the Medical Conditions |

**Please tell us what difficulties the health problem causes and how it is affected by your current home:**

|  |
| --- |
| Click Here to enter the details of the Medical Conditions |

**Please answer all of the questions below (click the appropriate box to answer):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any difficulty walking in your home?** | Yes |[ ]  No |[ ]  Some Difficulty |[ ]
|  |
| **Do you use any of the following to help you get around?** | Walking Stick |[ ]
|  | Walking Frame |[ ]
|  | Wheelchair |[ ]
| **If you use a wheelchair, do you use it indoors or outdoors?** | Outdoors Only |[ ]  Both |[ ]

**Section 3 – Your Current Home**

**Please tell us about you current home (click the box to choose the appropriate answer):**

|  |  |  |
| --- | --- | --- |
| **Please indicate what best describes your current home:** | Tenement Flat |[ ]  Multi-Storey Flat |[ ]
|  | Terraced House |[ ]  Bungalow |[ ]
|  | Maisonette |[ ]  Deck Access Flat |[ ]
|  | Sheltered Flat |[ ]  Homeless |[ ]

|  |  |  |
| --- | --- | --- |
| **If you live in a flat, what floor is it on:** | Ground Level |[ ]  Basement |[ ]
|  | 1st Floor |[ ]  2nd Floor |[ ]
|  | 3rd Floor |[ ]  Above 3rd |[ ]

|  |  |  |
| --- | --- | --- |
| **If you live in a flat, how many stairs (approx), are there on the outside of the close?** | None |[ ]  Between 1 and 4 |[ ]
|  | Between 5 and 13 |[ ]  More than 13 |[ ]

|  |  |  |
| --- | --- | --- |
| **If you currently live in a flat, please indicate what best describes the access to the flat from the entrance to the block:** | Level or Lift access |[ ]  Lift access + 1 flight |[ ]
|  | Ground Floor |[ ]  1 floor no lift |[ ]
|  | 2 floors no lift |[ ]  3 floors no lift |[ ]

**Section 4 – Your Housing Requirements**

**Please tell us what floor level you require to live on and any special requirements you need (tick the appropriate answer):**

|  |  |
| --- | --- |
| Ground Floor with Level Access |[ ]  Ground Floor |[ ]
| First floor |[ ]  Second Floor or Above |[ ]
| I need lift access |[ ]   |[ ]

**What is the highest floor level that you could manage without lift access?**

**Do you or a member of your family require any of the following?**

Walk in shower [ ]  Wet Room [ ]  Level Access Shower [ ]

**Do you require a wheelchair adapted property?** Yes[ ]  No [ ]

**If so, please tell us why in the box below:**

|  |
| --- |
| Click Here to enter the details of the reason why a Wheelchair Adapted Property is Required |

**Does your medical condition mean that you need an extra bedroom?** Yes[ ]  No [ ]

If so, please tell us why you need this in the box below:

|  |
| --- |
| Click Here to enter the details of why an extra bedroom is required |

(Please note we may require written evidence from a suitable professional, i.e. Doctor, Occupational therapist, Health visitor etc. before considering allocating a property with an extra bedroom. It is the applicants responsibility to provide evidence of this).

**Section 5 – Hospital Care and Support**

Do you regularly attend a hospital or clinic? Yes[ ]  No [ ]

If so, which hospital or clinic:

|  |
| --- |
| Click here to give details of the hospitals or clinics you attend |

Do you or a member of your family currently engage with an occupational therapist?

If so please provide their details:

|  |
| --- |
| Click Here to enter the details of any occupational therapists that you engage with |

**If you have any documents that support your application for Medical Priority, please send them to us.**

**Section 6 – Approval and Authority to Proceed**

|  |  |
| --- | --- |
| Do we have permission to contact your GP or health professional if we require further information? | Yes[ ]  No [ ]  |