



Office Use Only

Surname:

Date Rec'd:

Application No

# Dorset Home Choice Medical Questionnaire

Please fill in a medical questionnaire for each member of your household with a health issue which is affected by your housing condition

If you deliberately give us false information on this application and are granted a tenancy you run the risk of losing the property. You may also be prosecuted and if convicted, have to pay a large fine.

V1.6

1. Which Local Authorities do you wish to apply to? Please tick all that apply.

 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

2. Name of household member affected by the condition

3. Date of birth of household member	D	D	M	M	Y	Y	Y	Y
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4. Housing application reference number if applicable

5. Name of Condition(s)	
6. Date of diagnosis	
7. Is the condition temporary or permanent?	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
8. Will you get better (your prognosis)	
9. Details of treatment being received	
10. Medication, Dosage, How often taken?	
11. Are you registered with a consultant or specialist? If you have answered yes please provide details	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consultant/Specialist Name.....</p> <p>.....</p> <p>Hospital .....</p> <p>Date of last visit.....</p> <p>Frequency of visits .....</p>
12. How does your housing affect your condition?	

<b>13. Do you have problems walking?</b>	<input type="checkbox"/> I do not have a problem <input type="checkbox"/> I have a slight problem <input type="checkbox"/> It is difficult for me to walk <input type="checkbox"/> I cannot walk at all
<b>14. Do you require the use of a mobility aid?</b>	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking frame <input type="checkbox"/> Walking stick <input type="checkbox"/> Not needed
<b>15. Do you have any problems walking up/down stairs?</b>	<input type="checkbox"/> I do not have a problems with stairs <input type="checkbox"/> I have a slight problem with stairs <input type="checkbox"/> Stairs are difficult for me <input type="checkbox"/> I cannot walk up/down stairs
<b>16. How many steps are there to the front door where you live now?</b>	
<b>17. Is your accommodation all on one level internally? If you have answered no please state how many steps lead to the following</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  <b>Toilet</b> ..... <b>Kitchen</b> ..... <b>Bathroom</b> ..... <b>Other</b> .....
<b>18. Which floor(s) are the following rooms on</b>	<b>Toilet</b> ..... <b>Kitchen</b> ..... <b>Bathroom</b> ..... <b>Bedroom</b> ..... <b>Other</b> .....
<b>19. Does your property have a lift?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>20. Do you have any problems using a lift? If you have answered yes, please provide details</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  .....  .....
<b>21. Do you consider yourself to have a disability?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>22. Are you registered disabled?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

<p><b>23. Has your property been adapted to meet your needs?</b></p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
<p><b>If yes, please state which aids/adaptations have been supplied?</b></p>	<p>Fully adapted to meet your needs <input type="checkbox"/>  Low level kitchen <input type="checkbox"/> stairlift <input type="checkbox"/> Ramp <input type="checkbox"/>  Level access shower <input type="checkbox"/> Shower over the bath <input type="checkbox"/>  Handrail <input type="checkbox"/> Intercom systems <input type="checkbox"/>  Through floor lift <input type="checkbox"/> Wide doors <input type="checkbox"/>  Fixed hoist <input type="checkbox"/> Parking for mobility scooter <input type="checkbox"/>  Other (please state) .....</p>
<p><b>24. If you have a physical disability would any adaptations to your home make it suitable for you to stay there?</b>  <b>If you have answered yes, please state which aids/adaptations you require.</b></p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Fully adapted to meet your needs <input type="checkbox"/>  Low level kitchen <input type="checkbox"/> stairlift <input type="checkbox"/> Ramp <input type="checkbox"/>  Level access shower <input type="checkbox"/> Shower over the bath <input type="checkbox"/>  Handrail <input type="checkbox"/> Intercom systems <input type="checkbox"/>  Through floor lift <input type="checkbox"/> Wide doors <input type="checkbox"/>  Fixed hoist <input type="checkbox"/> Parking for mobility scooter <input type="checkbox"/>  Other (please state) .....</p>
<p><b>25. Has an assessment been made as to the suitability of adaptations being made to your property?</b></p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Please include a copy of the occupational therapist assessment when submitting this form</p>
<p><b>26. Do you require a carer?</b></p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
<p><b>27. If you do require a carer please indicate the frequency of support required.</b></p>	<p><input type="checkbox"/> Occasional care  <input type="checkbox"/> Daily visits  <input type="checkbox"/> Nightly visits  <input type="checkbox"/> 24 hour care</p>
<p><b>28. Is an extra room required because of your medical condition or for a carer?</b></p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Additional bedrooms will only be granted in exceptional circumstances where proof has been provided of this requirement.</p>
<p><b>29. Do you require extra space for specialist equipment?</b>  <b>If you have answered please state the equipment required</b></p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>.....  .....</p>



# IMPORTANT – DECLARATION

**Please sign this form and the practitioners statement attached before submitting it to us.** By signing this form you confirm and declare that:

- as far as you know, the information given in this application is correct and complete.
- you understand that withholding any information which the authority has reasonably required in connection with your application, any false statement made knowingly or recklessly, may result in you being removed from the Housing Register or losing any tenancy that you may be granted by the Council or another Council or Registered Provider participating in the Dorset Choice-Based Lettings Scheme. You also understand that you may also be committing an offence for which you may be prosecuted.
- you agree to tell the Council immediately about any change in your circumstances given in this application.
- you give the Council permission to contact your present and/or former landlords, any of the agencies listed in this application and any other relevant persons, agencies or organisations. You authorise them to disclose to the Council any information held by them relevant to this application.
- you authorise the Council and Registered Provider partners to contact data reference and credit agencies to check any information provided.
- you understand that all the information provided in this application will be held on a computerised database.
- you understand that the Council may use the information to compile statistics and reports to assess past and future demand for their housing services and to provide returns to Government departments and agencies. Such statistics will not be used to assess your application nor will it be possible to identify you from such statistics or reports.
- you understand that the information you have given or which the Council obtains as part of the application process, including any sensitive personal information will be used by them including where the Council decides that you are homeless or threatened with homelessness or has provided housing advice, and that such information may be shared with the other Councils, Agencies and Registered Providers participating in the Dorset Choice-Based Lettings Scheme for the purposes of assessing your eligibility for accommodation and where appropriate providing you with accommodation or housing-related support.
- You authorise the Council to verify information provided in your housing application(s) and approaches for housing assistance with the information held by the Council's Housing Benefits section. This will include information held for the purposes of processing my Housing Benefit/Council Tax Support claim to enable the Council to assist with and provide advice on your housing situation.
- you understand that the Council has a duty to protect the public funds it is responsible for. You agree that any information given to the Council may be shared with other departments of the Council and with the people or organisations listed in the Council's notification under the Data Protection Act 1998 for purposes of preventing and detecting fraud.

**Main Applicant**

**Joint Applicant**

Signature.....

Signature.....

Date.....

Date.....

# Dorset Home Choice Medical Practitioner Statement

## TO BE COMPLETED BY APPLICANT

<b>Applicant reference Number (if available)</b>	
<b>Name of Main Applicant</b>	
<b>Current address</b>	
<b>Name of relevant household member(s)</b>	<b>Brief description of disability or medical issues</b>

**Brief Description of current accommodation** – property type (house/bungalow/flat, etc), size (no of bedrooms), floor level and description. E.g. 2<sup>nd</sup> floor 2-bedroom flat, no lift, parking or garden. **Please indicate any adaptations that have been made.**

## TO BE COMPLETED BY PRACTITIONER

In order to be considered for medical priority on the Dorset Home Choice housing register, Applicants need to demonstrate a causal link between the problems they are experiencing and their housing. It is insufficient to explain that they have a medical condition without advising on how their housing is affecting it. For example, a man suffering from severe arthritis who lives in a ground floor flat may suffer no detriment, whereas the same man living in a 3rd floor flat may experience problems managing the stairs. Information on the severity of the condition is also relevant as “depression”, for example, covers a wide range of issues and can vary significantly from person to person.

Are any of the issues below causing the above applicant/s any difficulty or detriment in health or welfare terms? (Please tick all that apply)

<b>Access In/Out of property</b>	
<b>Bathing/Toileting Facilities</b>	
<b>Poor Mobility due to layout</b>	
<b>Stairs Internal / External</b>	
<b>Overcrowding</b>	
<b>Anti Social Behaviour</b>	
<b>Harassment / Abuse</b>	
<b>Domestic Violence</b>	
<b>Care &amp; Support Needs</b>	
<b>Property Too Large</b>	
<b>Property in Poor Condition/Disrepair</b>	

Please provide a supporting statement to summarize how this Applicant's current housing situation is having a negative impact on their health or welfare by expanding on your indicators above.

Official Stamp/Practitioner Signature (if a signature, **please enclose a signed compliments slip to verify source**):

Date:

Please return this completed form to the Dorset Home Choice local authority you are applying to with the completed medical form