



Self-assessment of disability, health and housing needs.

For Office Use Application No. :
Date Registered

What is the assessment for?

We are not seeking to assess how ill or disabled you are, but how alternative housing or adaptations could improve your quality of life.

Will Homeselect pay a fee from my doctor?

No. You are responsible for any fee charged by your doctor. Please note that a doctor's letter is not essential and an assessment can usually be made from the information on this form.

What happens if I disagree with the decision?

You may appeal against the decision within 28 days of being told the outcome. New 'relevant' information or a formal request from a doctor may help support your appeal. We may seek the advice of a medical or other specialist advisor when considering an appeal.

Part A:

Applicant's Name:

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Applicant's Address:

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Who is this assessment about?

Name:

Address:

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Telephone No:

Date of Birth:

If you need any more information or help filling in this form, please contact the general enquiries line on 01493 846140



Part B: Your Health

Please a) describe any disability or illness and b) the problems it causes you in your present accommodation:

a)

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b)

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Why do you want to move? Describe why you feel a move could improve your health.

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If improvements or adaptations could be arranged, what would be needed to make your home suitable for your needs.

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Are you waiting for a visit for an Occupational Therapist? Yes No

If 'Yes', to assist with what problems?

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Part E: Getting Around Your Home

Do you have difficulty walking? Yes No

Do you have difficulty with your sight? Yes No

Do you have difficulty with your hearing? Yes No

Do you have difficulty with: (*tick boxes*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Using Stairs or Steps | <input type="checkbox"/> Entering and leaving your home | <input type="checkbox"/> Coping with shopping |
| <input type="checkbox"/> Type of heating | <input type="checkbox"/> Moving about your home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Operating heating | <input type="checkbox"/> Using your bathroom or toilet | (please state below) |
| <input type="checkbox"/> Using Public Transport | <input type="checkbox"/> Using your kitchen and cooking | |

Any further information or other problems you would like to tell us about. This may include your current medication.

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Part F: Tell us who helps you?

(1) Are you attending or currently receiving care from hospital ?

If yes, please give details of the hospital, its department and the name(s) of your consultant/specialist, if you know them.

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(2) Please give details of the name of your doctor or surgery / health centre.

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(3) Are you attending your GP for regular treatment or check-ups ?

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(4) Are you receiving treatments from a nurse, therapist or other health worker for any physical, sensory or mental health problems ? (If yes, please give details below)

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(5) If you have a social worker, please give their name, and contact details

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(6) Do you receive home care arranged by a social worker ?

If yes, can you tell us how often the home carer visits ?

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(7) Do you rely on help from family or friends ? (If yes, please give details below)

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Part G: Data Protection

I agree to the information set out in this form which is relevant to my application for housing being shown, in confidence, to any relevant individual or organisation who may be able to assist with this application.

This will include any agency or professional mentioned on this form, together with the Benefits Agency, Environmental Health Department or Improvement Grants Services.

Part H: I understand that:

- a) Information given on this form is to the best of my knowledge, true and correct. I know I may lose any accommodation offered and could face prosecution if I have knowingly given false or misleading information.
- b) Any housing organisation that takes part in the lettings scheme, either now or in the future may need to see the information given on this form in order to assist me with my housing.
- c) The information given on this form may be made available in confidence to any relevant individuals or organisations that may be able to assist me/us or others in obtaining suitable housing.

In signing below you give your consent to this declaration

Signed:

Date

If this form has been filled in by someone for you

Name of the person who filled in the form

Signature of the person

Relationship to the applicant

Date



