

If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the name and address of your GP and that of any other health care professional with whom you have had recent contact. We may need to contact them.

GP's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Other Health Care Professional

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do we have permission to contact any of the above people if we need more information about your health?  Yes  No

DECLARATION: I hereby certify that to the best of my knowledge the information contained in this form is correct and I understand that any false or misleading information given by me in completing this form may result in any offer of accommodation being withdrawn.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Whiteinch & Scotstoun  
Housing Association

Registered Office: The Whiteinch Centre, 1 Northinch Court, Glasgow, G14 0UG  
Telephone 0141 959 2552; Fax 0141 950 4432

A charity registered in Scotland (Scottish Charity No. SC035633)

A registered society under the Co-operative and Community Benefit Societies Act 2014 (No. 1931R(S))

Registered with the Scottish Housing Regulator (No. 205)

VAT Reg. No. 135 5700 27

Member of the Scottish Federation of Housing Associations

App.No: \_\_\_\_\_

## HOUSING APPLICATION - MEDICAL/PARTICULAR NEEDS SELF-ASSESSMENT FORM

**CONFIDENTIAL**

Name of main applicant: \_\_\_\_\_

Please give details of person for whom medical points are being sought:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Describe in your own words what health problems or disability you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you prefer to stay in your home if you could?  Yes  No

Please answer the following questions to help us assess your needs:

Do you have difficulty walking?  Yes  No  Some difficulty

If yes, do you use any of these to help you get around?  Crutches  Walking Stick  Walking frame

Do you use a wheelchair?  Yes  No

If you use a wheelchair, do you use it indoors or outdoors?  Both  Outdoors only

Is your current home wheelchair adapted?  Yes  No

Would a wheelchair be used inside your home if your home were suitable?  Yes  No

What type of heating do you have? \_\_\_\_\_

What type of heating would you prefer? \_\_\_\_\_

Please describe how your present heating causes your health problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your illness or disability mean you need an extra bedroom?  Yes  No

If yes, please tell us why you need this: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have difficulty with any of the following:

	No Difficulty	Some Difficulty	Great Difficulty	Assistance Required
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting on/off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed and undressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have your own garden?  Yes  No

- If yes, how do you manage this?
- No problem
  - With difficulty
  - Impossible to manage
  - Currently get help
  - Need help, none available

Do you have difficulty with stairs inside or outside your home?  Yes  No

How many stairs are there? To your front door: \_\_\_\_\_ To your back door: \_\_\_\_\_

How do you manage these stairs?  Cannot manage stairs at all  
 Need help to manage stairs  
 Can manage with difficulty  
 Have no problems with stairs

Do you have internal stairs?  Yes  No If yes, how many: \_\_\_\_\_

How do you manage these stairs?  Cannot manage stairs at all  
 Need help to manage stairs  
 Can manage with difficulty  
 Have no problems with stairs

Do you reach any of the following rooms by using internal stairs?

Bedroom  Yes  No

Bathroom  Yes  No

Only toilet  Yes  No

Have there been any adaptations made to your house?  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need further adaptations?  Yes  No

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your home have dampness?  Yes  No

If this affects your health, please tell us about it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive, DLA, Personal Independence Payment (PIP), Attendance Allowance or ESA (Employment and Support Allowance)?  Yes  No