App. No: _____

WHITEINCH & SCOTSTOUN
HOUSING ASSOCIATION LTD

The Whiteinch Centre, 1 Northinch Court, Glasgow, G14 OUG
Telephone 0141 959 2552 Fax 0141 950 4432

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	☐	☐	☐	☐
Shopping	☐	☐	☐	☐
Preparing meals	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Getting in and out of bath	☐	☐	☐	☐
Getting on/off the toilet	☐	☐	☐	☐
Getting dressed and undressed	☐	☐	☐	☐

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?

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

_____

_____

Do you receive, DLA, Attendance Allowance or Incapacity Benefit? Yes☐ No☐

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:** _____

The information contained within this form will be assessed by an Occupational Therapist employed by Glasgow City Council, Social Work Department and will determine whether Medical Points will be awarded.

You should note that although you have one or more serious medical conditions, if in the opinion of the Occupational Therapist your condition cannot be improved by a move of house, then no points will be awarded.

The decision of the Occupational Therapist will be final on the Medical Self-Certificate already provided, but if your condition worsens or changes, a further Self-Certificate may be submitted.

A copy of our Privacy Policy which shows how we use your data can be obtained from our offices or downloaded from our website www.wsha.org.uk.