

Health and Housing Needs Assessment



a partnership between...



GUIDANCE NOTES

The information in this Health and Housing Needs Assessment form is required to enable West Lothian Housing Register to assess your health needs and how they relate to your application for housing. Please answer all questions that relate to you in your own words.

Please note that NO medical priority will be given for any of the following:

MEDICAL CONDITIONS

Nervous debility or breakdown	Growing pains
Anxiety or stress	Skin problems or disease
Alcoholism (unless receiving treatment)	Glandular fever
Drug abuse (unless receiving treatment)	Hernia or rupture
Glue ear, grommets, middle ear infection	Hay fever
Temporary orthopaedic problems such as broken bones or sprains	Bedwetting or enuresis
Epilepsy controlled by medication	Duodenal or gastric ulcers
Bronchitis or chesty cough	Hiatus hernia
Obesity or being overweight	Any temporary illness including recovering from an operation
Sexually transmitted diseases (excluding HIV)	Varicose veins

SOCIAL CONDITIONS

Central heating priority	Overcrowding
Pregnancy	Under occupancy
Problems with neighbours	Whether or not you have a garden
Harassment	Homelessness
Being a single parent	Living with relatives
Marital or relationship problems	Problems with the structure of your home - no bath, type of windows or heating
Illness of relatives	
Dampness	

Please note, the West Lothian Housing Register aims to assist applicants who have

- A Health Need, where an applicant's medical condition or disability is affected by their house type.
- A Housing Need, where it is demonstrated that an applicant requires i.e. an adaptation which will meet their needs and allow them to remain in their current accommodation.

Through this process the common housing register aims to assist applicants that have a medical need to either move to a property that is better suited to their needs or to ensure that their existing property meets their needs as a result of the installation of adaptations or provisions.

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS

Health and Housing Needs Assessment Form

1. Housing applicant

Name

Address

.....

.....

Post Code Date of Birth.....

2. Person in Household seeking medical assessment (if different from above)

Name

Address

.....

.....

Post Code Date of Birth.....

3. Relationship to applicant

MEDICAL PROBLEM/DISABILITY

4. Do you or anyone who will be moving with you have a health or disability problem?

Yes

No

If yes please describe the health or disability problem (please include any mental health or learning disability problems)

.....

.....

.....

.....

Is the health situation or disability likely to improve?

Yes

No

5. What would help you? (please tick)

Moving to a new home

Having your current home adapted

Support to help you remain in your current home

6. How does the health problems/disability make your present home unsuitable?

.....

.....

.....

.....

7. Please indicate whether you have had a recent health assessment carried out

Yes No

8. Please advise of your G.P.'s name and address and that of any other health professional with whom you have had recent contact. (We may need to contact them).

G.P.'s

Other Health Professional

Name

Name

Address

Address

YOUR CURRENT PROPERTY

9. What type of property do you live in?

House	<input type="checkbox"/>	Flat	<input type="checkbox"/>	4-in-a-block (communal access)	<input type="checkbox"/>
Sheltered housing	<input type="checkbox"/>	Supported housing	<input type="checkbox"/>	4 in-a-block (own access)	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>		

10. What floor is your property on (please tick)

Ground Floor 1st Floor 2nd Floor 3rd Floor 4th or over

11. Has your current home been adapted due to your health problems/disability?

Yes No

If yes please tick what adaptation you have

1 Wet floor shower	<input type="checkbox"/>	2 Level shower	<input type="checkbox"/>	3 Stairlift	<input type="checkbox"/>
4 Fixed ramp	<input type="checkbox"/>	5 Level access	<input type="checkbox"/>	6 One step access	<input type="checkbox"/>
7 Ground floor bedroom	<input type="checkbox"/>	8 Ground floor WC	<input type="checkbox"/>	9 Through floor lift	<input type="checkbox"/>
10 Tracking hoist	<input type="checkbox"/>				

Please indicate what adaptations you may require

1 Wet floor shower	<input type="checkbox"/>	2 Level shower	<input type="checkbox"/>	3 Stairlift	<input type="checkbox"/>
4 Fixed ramp	<input type="checkbox"/>	5 Level access	<input type="checkbox"/>	6 One step access	<input type="checkbox"/>
7 Ground floor bedroom	<input type="checkbox"/>	8 Ground floor WC	<input type="checkbox"/>	9 Through floor lift	<input type="checkbox"/>
10 Tracking hoist	<input type="checkbox"/>				

12. How many external steps are there to your front door?

13. Please advise how many internal stairs there are in your property

14. Are your internal stairs straight or do they have a turn in them? Straight Turn

15. Is your toilet?

Downstairs Upstairs Both

Mobility

16. Do you have any problems getting around e.g. walking

Yes No

If yes do you use any of the following to help you get around?

Walking stick Walking frame Crutches Other (please specify)

17. How long have you required this aid?

18. From what source did you obtain this aid?

19. Do you or any other members of your household use a wheelchair?

Yes No

If yes how often is it used? Sometimes Always Never

Inside Outside

20. Is your current home wheelchair adapted?

Yes No

21. Do you have difficulty climbing/descending stairs?

Yes No

22. How far can you walk on ground level?

Inside the house only

Up to 9 metres or 10 yards

Up to 183 metres or 200 yards

Greater than 200 yards

23. Do you have difficulty climbing descending stairs?

Yes No

24. How many stairs can you climb?

None One or Two Twelve stairs (one flight)

More than one flight of stairs

25. Please tell us how you are able to carry out the following activities (please tick)

TASK	INDEPENDENT	ABLE WITH HELP	DEPENDENT
Bathing/Washing/ Showering			
Dressing			
Using the toilet			
Making a drink			
Cooking			
Shopping			

Declaration

I agree that in accordance with the terms of its registration under the Data Protection Act 1998, the Partner Landlords of the West Lothian Housing Register may use the information I have supplied.

That my/our doctor, hospital consultant, health visitor, social worker or any other relevant person can be contacted if more information is needed for my/our Health and Housing Needs application.

Signature Date

Where can I get housing advice?	<p>Almond Housing Association Shiel House, Craigshill Livingston EH54 5EH Tel: 01506 439 291</p>	<p>Broxburn CSC Strathbrock Partnership Centre 189a West Main Street, Broxburn EH52 5LH</p>
	<p>Weslo Housing Management 66 North Bridge Street Bathgate EH48 4PP Tel: 01506 634 060</p>	<p>Fauldhouse CSC 10 Main Street Fauldhouse EH47 9HX</p>
	<p>West Lothian Council CSC Offices Tel: 01506 775000</p>	<p>Linlithgow CSC County Buildings Linlithgow EH49 7EZ</p>
	<p>Armadale CSC 1/3 East Main Street Armadale EH48 2QA</p>	<p>Livingston CSC The Ability Centre Carmondean Livingston EH54 8PT</p>
	<p>Bathgate CSC Lindsay House, Bathgate EH48 1TS</p>	<p>West Calder CSC 24-26 Main Street, West Calder EH55 8DR</p>
	<p>Blackburn CSC The Mill Centre, 10 Sycamore Walk Blackburn EH47 7LQ</p>	<p>West Lothian Connected CSC Almondvale Centre, Livingston EH54 6SN</p>
		<p>Whitburn CSC 5 East Main Street, Whitburn EH47 0RA</p>