

Midlothian Council

Health and Housing Need

Assessment Application



Midlothian Council uses the information you provide in this form to assess your health, housing or social support need in respect to your current housing circumstances.

Midlothian Council wish to assist those applicants who have:

- A health need, where an applicant's medical condition or disability is affected by their current housing situation.
- A social/support need, where an applicant needs support to either assist them in their current accommodation or needs to move in order to receive support.
- Where an assessment confirms that an adaptation to the current property will meet the needs of the applicant and enable them to remain in their current home.

Midlothian Council aims to assist applicants who have a health or housing need to remain in their current home by making sure it meets their needs through the provision of adaptations and/or support, or where this is not possible assisting applicants to move to a property better suited to their needs.

Before completing the form please refer to the guidance notes. These notes explain conditions for which medical priority is not awarded.

Only one Medical Application is required per household

The Community Health Specialist may occasionally require additional information from your GP or Hospital Consultant.

Completed forms should be returned to Housing Services, Midlothian Council, Midlothian House, 40-46 Buccleuch Street, Dalkeith, EH22 1DN or housing.enquiries@midlothian.gov.uk

Where additional points or priority is awarded Midlothian Council is unable to guarantee how long any person may wait to be made an offer of suitable housing.

We may need to contact your GP or other health care professional about your circumstances. Please provide their details below:

GP Name/Surgery	
Address	
Other Health Care professional	
Name	
Profession	
Address	
Have you been to see your GP or other health professional about your condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when and whom?	

4. About your mobility

Do you have any problems walking? (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes do you use any of the following? (please tick all that apply)
Crutches <input type="checkbox"/> Walking frame <input type="checkbox"/> Walking stick(s) <input type="checkbox"/> Wheelchair <input type="checkbox"/>
Other (please describe) <input type="text"/>
If yes when is it used? Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
How far can you walk on ground level, using a walking aid is necessary, before you are forced to stop?
Inside your home only <input type="checkbox"/> Up to 9 metres (10 yards) <input type="checkbox"/>
Up to 183 metres (200 yards) <input type="checkbox"/> More than 183 metres (200 yards) <input type="checkbox"/>
Do you have difficulty going up/down stairs? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes how many stairs can you safely manage unaided?
None <input type="checkbox"/> Up to 3 <input type="checkbox"/> Up to 12 (1 flight of stairs) <input type="checkbox"/> More than 1 flight <input type="checkbox"/>
Do you have difficulty getting in and out of the bath/shower Yes <input type="checkbox"/> No <input type="checkbox"/>

5. About your current home

What type of property do you currently live in? (Please tick)

House Flat Maisonette Bungalow

Sheltered Housing Supported Housing

What floor level is your property on?

Ground Floor 1st Floor 2nd Floor 3rd Floor

Do you have a community/pendant alarm? Yes No

Is your current home adapted wheelchair adapted? Yes No

Do you have any of the following adaptations in your current home?

If **yes**, please tick all that apply.

Wet floor shower area Level access shower Stairlift

Fixed ramp Ground floor bedroom Ground floor W.C.

Through floor lift Ceiling tracking hoist

Other adaptation (please specify)

How many external steps are there to your front door (Including shared common stairs)?

How many internal stairs are there in your current home (not including shared common stairs)?

Is there a lift to your floor level? Yes No

Are you able to access the following amenities from your home?

Bus Stop Yes No Shops Yes No

Post Office Yes No

Do you need to move to be closer to local amenities? Yes No

6. About your social support needs

Do you currently receive home care or other professional support? Yes No

If **yes**, please give details

If **no**, do you feel you need an assessment for home care or other professional support? Yes No

Do you receive support from family or friends? Yes No

If **yes**, please give details of the help they provide.

Do you need to move home in order to receive support? Yes No

If **yes**, please who will provide the support?

Name

Address

Relationship

What type of support do you require? (please tick all that apply)

Shopping Domestic General care

How often is this support needed?

Daily Weekly Monthly Hardly ever

7. Sheltered and extra care housing applicants

Do you wish to apply for sheltered and/or extra care housing? Yes No

If **yes**, please answer the questions below

Do you feel isolated, insecure or lonely in your current home? Yes No

How often do you have contact with other people?

Daily Weekly Fortnightly Hardly ever

Guidance Notes for Health and Housing Need Assessment Application

Principles followed when assessing housing applications for medical priority

1. The presence of a medical condition, however severe, is not of itself grounds for the award of priority re-housing on medical grounds.
2. Priority will be awarded only when the following conditions have been fulfilled.
 - There is evidence demonstrating a strong probability of significant improvement in health
 - This improvement will be long term
 - The improvement will be as a direct result of re-housing
 - This improvement could not reasonably have been achieved by other means

Note "improvement in health" includes improvement in physical health, improvement in mental health, significant relief of symptoms, removal of aggravating factors or serious risk to health.

Medical Priority is NOT given for the social and medical reasons on the list below.

Social	
<ul style="list-style-type: none">• Problems with neighbours• Harassment• Dampness/condensation• Overcrowding• Under-occupancy• Presence/absence of garden	<ul style="list-style-type: none">• Homelessness• Living with relatives• Financial issues• Structural defects/problems e.g. type of windows; type of heating; no bath

Medical	
<ul style="list-style-type: none">• Pregnancy• Stress• Alcohol misuse unless receiving treatment• Substance misuse unless receiving treatment• Temporary orthopedic problems e.g. broken bones, sprains• Bronchitis/chesty colds/chest infections• Skin problem/diseases	<ul style="list-style-type: none">• Hay fever• Epilepsy controlled by medication• Duodenal/Gastric ulcer• Any temporary illness e.g. recovering from an operation Depression/Anxiety unless receiving treatment from a Psychiatrist or Metal Health Team