

## Castle Point Housing Medical Assessment Form

**PLEASE READ THE NOTES BELOW BEFORE COMPLETING THIS FORM.**

Complete this form if either you, or a member of your household who will be housed with you, suffers from ill health, a physical or learning disability or a mental health problem **which is being affected by your current housing.**

- All Medical Assessment Forms are considered by an independent medical advisor.
- Priority is only awarded **where it is clear that there is a direct link between someone's health problems and their current accommodation.**
- You must complete this form yourself. Please do not ask your doctor to complete it for you. We also need you to provide a copy of your prescription list and recent medical letter / report about your health condition(s) from your doctor, health worker or occupational therapist. These can be routine letters you do not need to pay for a GP medical report.
- Please answer all questions in black ink and in **BLOCK CAPITALS**
- A separate form must be completed for every person named on your housing application form who has a health problem.
- Please make sure you fill in **ALL** the sections that apply. If you do not, we will return the form to you as your case cannot be assessed properly without full information.

### Section 1 – Applicant details

<b>Main Applicants Name</b>	
<b>HR Application ref</b>	
<b>Main Applicants Address</b>	
<b>Tel</b>	
<b>Email</b>	
<b>Name of relevant person this assessment relates to</b>	
<b>Date of birth of relevant person</b>	
<b>Relationship to main applicant</b>	

### Section 2 – Details of Health

<b>Please describe the person's disability or illness</b>	
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<b>How long has the person suffered from this disability or illness?</b>			
<b>How does the current property affect the person's condition?</b>			
<b>Why do you feel a move could improve the person's health?</b>			
<b>Section 3 – Benefits</b>			
<b>Does the person receive any benefit payments related to their disability</b>	Yes		No
If yes please detail			
<b>Does anyone receive carers allowance to care of the person</b>	Yes		No
If yes, Who?			
<b>Section 4 – Current accommodation</b>			
<b>What type of accommodation does the person occupy</b>			
House		Flat	
Maisonette		Bungalow	
Bedsit		Caravan	
		Sofa surfing	
Other (please detail)			
<b>If a flat what floor is it on?</b>			
<b>Is there a lift?</b>			
<b>Does the main applicant own the property</b>	Yes		No
<b>Does the person currently live in supported housing?</b>	Yes		No
<b>If the accommodation is rented, what type of tenancy is held?</b>	Council		
	Housing association		
	Private rented		
	Shared ownership		
<b>Is the tenancy</b>	Secure		
	No Secure		
<b>Has the home been adapted in any way to meet the persons physical needs</b>	Yes		No
If yes please detail			
<b>Could the home be adapted to meet the persons physical needs</b>	Yes		No

If yes please detail	
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**Who lives in the property?**

Name	Age	Relationship to person

**Will the same people live with you once you move?**

Yes		No	
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If no, please list who won't be moving with you

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**Section 5 – Getting around**

**Does the person have difficulty walking**

Yes		No	
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**Does the person have difficulty with your sight?**

Yes		No	
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**Does the person have difficulty with your hearing?**

Yes		No	
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**Does the person have difficulty with:**

Using stairs or steps		Moving about their home	
Using bathroom or toilet		Using Kitchen	
Entering and leaving their home		Accessing Public Transport	

**How many stairs is the person able to manage**

None		A few	
Up one flight		More than one flight	

**Does the person use a walking aid**

At all times		Sometimes	
Never			

**If so what do they use**

Sticks	Inside	Outside	Both	
Walking frame	Inside	Outside	Both	
Crutches	Inside	Outside	Both	

**Does the person use a wheelchair**

At all times		Sometimes	
Never			
Is so where?	Indoors	Outside	Both
Is your wheel chair	Electric	Manual	Use both types

**Describe any difficulties they may have in using or sorting it at their current home.**

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**Does the person use a mobility scooter**

Yes		No	
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If so where?	Indoors		Outside		Both	
<b>Is this under the recommendation of a medical practitioner</b>			Yes		No	
Section 6 – Help received						
<b>Does this person currently attend or receive treatment from a hospital</b>			Yes		No	
If yes, please give details of all the hospitals where they receive treatment, the department and the name(s) of their consultant/specialist.						
<b>Hospital</b>	<b>Department</b>			<b>Consultant</b>		
<b>Does the person see their GP for regular treatments or check ups</b>			Yes		No	
If yes, please give details including any medication they are being prescribed						
<b>Please give details of the name and address of their GP or surgery/health centre</b>						
<b>Name</b>						
<b>Address</b>						
<b>Tel</b>						
<b>Email</b>						
<b>Are they receiving treatments from a nurse, therapist or other health worker for any physical, sensory or mental health problems?</b>			Yes		No	
If yes, please give details						
<b>If they have a social worker, please give their name, address and contact details</b>						
<b>Name</b>						
<b>Address</b>						
<b>Tel</b>						
<b>Email</b>						
<b>Does the person receive home care arrange by a social worker</b>			Yes		No	
If yes, tell us how often the home carer visits and what service they provide						
<b>Does the person rely on regular help from family or friends?</b>			Yes		No	
If yes, please give details of who helps them, how often and with what tasks						
<b>Has an Occupational therapist completed an assessment for the person?</b>			Yes		No	
If yes please provide a copy						
<b>Please use the below space to provide any other relevant information</b>						

**Please list any supporting documents you are providing.** These can be emailed to [housingadvice@castlepoint.gov.uk](mailto:housingadvice@castlepoint.gov.uk)

Section 7 - Declaration

I confirm that:

- a) The 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) I agree that the information given on this form may be made available, in confidence, to any relevant individuals or organisations in order that they may be able to assist with this application.
- c) The General Data Protection Regulations came into force on 25 May 2018. These regulations set out what to expect when Castle Point Borough Council (CPBC) collects personal information on you. If you would like further details they are set out in Privacy Notices on our website at [www.castlepoint.gov.uk/info-governance](http://www.castlepoint.gov.uk/info-governance) Alternatively hard copies are available within CPBC offices.

Signed (main applicant)		Date	
Signed (relevant person if over 18)		Date	

Please return completed form, with a copy of latest prescription and any recent supporting medical evidence to the below address:

**How to provide documents:**

- The Kiln Road office is open for **pre-booked appointments only**, if you wish to return your documents in person this can be arranged on a case by case basis by phoning us on 01268 882330.
- Documents can also be posted to our above address or hand delivered to our mail box.
- Documents can be uploaded to our home choice website. Please visit our website [www.castlepointhomechoice.org.uk](http://www.castlepointhomechoice.org.uk) . You can login using your reference number and memorable date.
- Documents can be emailed to [housingadvice@castlepoint.gov.uk](mailto:housingadvice@castlepoint.gov.uk)