



sustainable thriving achieving

East Dunbartonshire Council

www.eastdunbarton.gov.uk

East Dunbartonshire Housing Partnership

**Common Housing Register
Health and Access Needs Assessment Form**

Application Ref:

Note : Please give details of the person(s) who made the Housing Application.
This will not necessarily be the person who has the health or access needs.

	First Applicant	Second (Joint) Applicant
Title <i>(Please circle)</i>	Mr. Mrs. Miss. Ms. Other <i>(state)</i>	Mr. Mrs. Miss. Ms. Other <i>(state)</i>
Name		
Address		
Date of Birth		

For Office Use Only	Received	Assessed	Points	Lettered	Referred	Reviewed
Assessed by						

Access Needs

You may be awarded points because of **access needs** when a serious health problem(s) or disability makes living in your present home difficult, for example for one or more of the following reasons.

- 1** There are stairs up to; or stairs inside your present home and you cannot comfortably and/or safely walk up these.
- 2** You do not have access to personal transport and you live in a hilly area. You cannot comfortably walk up the hills.
- 3** You do not have access to personal transport and you cannot comfortably walk to essential shops and public transport.
- 4** Your accommodation does not have adequate access or space for the use of a wheelchair; or for other essential equipment or adaptations that you need.

Support Needs

You may be awarded points because of **support needs** if any of the following apply:

- 1** You live outwith East Dunbartonshire and require to move into East Dunbartonshire for the purpose of either giving or receiving support with daily living.
- 2** You need support with daily living and need to move to other accommodation so that you can have a carer live with you.
- 3** You need support with daily living and need to move to other accommodation where there is support provided through the landlord e.g. sheltered or care housing.
- 4** You presently live in a hospital, supported hostel or other supported accommodation and wish to have your own home.

What happens when you submit the Form

Your claim for points because of accessibility or health needs will normally be assessed by housing staff. We will write to you within 28 days of receiving your completed form to advise you of the outcome of the assessment and how this affects your housing application. If you disagree with this assessment, you may ask for a review by your Housing Organisation.

If you require help to complete the form

If you would like help to complete this form please contact your local **East Dunbartonshire Council Housing Office** or **Caledonia Housing Association**. Staff there will be happy to help you.

SECTION 1 - Personal Details

Note: Additional points may be awarded for each person within a household who has accessibility or support needs. A separate Health and Access Needs Form should be completed for each person.

- 1.1 Please give details of the person who has the health problems or the disability. You should complete this even if you are the same person whose details are given on the front page.

Mr. Mrs. Miss. Ms. Other (state)	Address	Date of Birth
First name		Tel. No.
Last name		Postcode :

- 1.2 Please give details of your disability or the medical condition(s) which causes you problems within your home or to require support.

.....

.....

.....

.....

Do you have any of the following:

Sight Impairment (not corrected by glasses or contact lens)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Impairment (not corrected by a hearing aid)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulties because of your mental health	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Addiction to drugs or alcohol	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- 1.3 Please give details of your G.P.

Name : Tel No.

Address:

- 1.4 If you have a Social Worker or Support Worker please give details below

Name : Tel No.

Address:

- 1.5 Please give details of a contact person

Name : Tel No.

Address:

Relationship to you

Is this person: your main carer ☐ next of kin ☐ keyholder ☐

SECTION 2 - How you are affected by your health problems or disability

Do you use a wheelchair or have difficulty walking or using stairs? Yes ☐ No ☐

Do you require an extra bedroom, either for a carer or for some other reason related to your health or disability.? Yes ☐ No ☐

If you said “No” to both of these questions you can move on to Section 3 on page 6

2.1 Walking Difficulties

Please tick whichever of the following applies to you:

Please tick

I cannot walk	<input type="checkbox"/>
I can walk but with severe pain or difficulty	<input type="checkbox"/>
I can walk but with considerable pain or difficulty	<input type="checkbox"/>
I can walk but with some pain or difficulty	<input type="checkbox"/>
I can walk without pain or difficulty	<input type="checkbox"/>
How many steps can you walk at a time?	Less than 5 <input type="checkbox"/> 5 – 10 <input type="checkbox"/> 10 – 20 <input type="checkbox"/> 20 – 40 <input type="checkbox"/> more than 40 <input type="checkbox"/>
Do you have shops within easy reach	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have regular use of private transport, either your own or provided by family or friends	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you describe the area you live in as hilly	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use any of the following :	
Walking Stick	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zimmer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wheelchair	Yes <input type="checkbox"/> No <input type="checkbox"/>

Answer this question only if you use a wheelchair

If you have ticked “Yes” to using a Wheelchair, do you use it :

Outdoors - always <input type="checkbox"/>	Indoors - always <input type="checkbox"/>
sometimes <input type="checkbox"/>	sometimes <input type="checkbox"/>
occasionally <input type="checkbox"/>	occasionally <input type="checkbox"/>
never <input type="checkbox"/>	never <input type="checkbox"/>

Is your current home wheelchair adapted Yes ☐ No ☐

If “No”, would you use a wheelchair indoors if it was? Yes ☐ No ☐

2.2 Difficulty with Stairs

Please indicate which of the following applies to you:

Please tick

I cannot use stairs	<input type="checkbox"/>
I can use stairs but with severe pain or difficulty	<input type="checkbox"/>
I can use stairs but with considerable pain or difficulty	<input type="checkbox"/>
I can use stairs but with some pain or difficulty	<input type="checkbox"/>
I can use stairs without pain or difficulty	<input type="checkbox"/>
How many stairs could you manage at one time?	Less than 5 <input type="checkbox"/>
	5 – 10 <input type="checkbox"/>
	10 – 15 <input type="checkbox"/>
	15 – 20 <input type="checkbox"/>
	more than 20 <input type="checkbox"/>

2.3 Access within your Home

Thinking about access to facilities within your home (eg toilet, bath/shower, kitchen) would you say that you are:

Please tick

unable to access one or more of these	<input type="checkbox"/>
able to access all of these but with severe difficulty	<input type="checkbox"/>
able to access all of these but with considerable difficulty	<input type="checkbox"/>
able to access all of these but with some difficulty	<input type="checkbox"/>
able to access all of these without difficulty	<input type="checkbox"/>

If you have indicated that you are unable to access any of these facilities, or have difficulty doing so, please describe the difficulties in your own words:

.....

.....

.....

2.4 Additional Bedroom

Do you require an additional bedroom for health reasons or because of your disability?

If “yes” please tell us why.

Yes ☐ No ☐

.....

.....

.....

If the bedroom is for a carer how many nights each week will the carer stay? _____nights.

SECTION 3 – Accommodation Needs

Is your medical condition or disability such that :

the layout or the facilities within your present home are unsuitable?.

Yes ☐ No ☐

you require to move to housing which is more accessible for you or has particular facilities within it?

Yes ☐ No ☐

If you said “No” to both of these questions you can move to Section 4 on page 8

3.1 Have you had an assessment by an Occupational Therapist ? Yes ☐ No ☐

If you have ticked “Yes” which Social Work Office arranged this?

Name of Occupational Therapist..... Tel No.....

Office Address:

.....

Did you receive (or are you waiting for) any aids or adaptations to be supplied. For example: a ramp, handrails, bath rails etc Yes ☐ No ☐

If “Yes”, please give details of the aids or adaptations :

.....

.....

3.2 How would you describe your present property?

Tenement or shared entry flat ☐

4-in-a-block flat ☐

Single level cottage or bungalow ☐

Hostel, Hospital, Prison, Institution ☐

Multi storey flat, ☐

Maisonette flat with internal stairs ☐

House with internal stairs ☐

Other (please describe) ☐

.....

.....

At what level is the entrance door to your home (if you live in a tenement, multi-storey, maisonette or 4-in-a-block)

Ground floor	<input type="checkbox"/>	3 rd floor	<input type="checkbox"/>
1 st floor	<input type="checkbox"/>	4 th floor	<input type="checkbox"/>
2 nd floor	<input type="checkbox"/>	5 th floor or above	<input type="checkbox"/>

Is there a lift ? Yes ☐ No ☐

How many external stairs are there from the street to your front door? stairs

How many internal stairs are there within your property stairs

Do you have to use internal stairs to reach your bedroom? Yes ☐ No ☐

Do you have to use internal stairs to reach your bathroom? Yes ☐ No ☐

3.3 Please describe how your housing is unsuitable because of your health problem(s) or disability, and how you feel a move would help.

.....

.....

.....

.....

.....

3.4 Please tick (✓) below the adaptations or the equipment that has been installed in your present home because of your health or access difficulties.

wet floor shower ☐ walk in shower ☐ over bath shower ☐ bath hoist ☐

lowered kitchen ☐ wide doors ☐ stair lift ☐

ramped access to main door ☐ wheelchair accessible parking ☐

Other (please specify)

.....

.....

.....

SECTION 4 – Information on support needs

Do you need support with daily living? Yes ☐ No ☐

Do you want to move to either sheltered housing or support/care housing where the support is provided through the landlord? Yes ☐ No ☐

Do you want to move to other accommodation, either to be nearer a carer or so that a carer can live with you? Yes ☐ No ☐

If you said “No” to all three questions you can move on to Section 5 on page 9

4.1 How do you manage with 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/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting on/off toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed/undressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 Are you presently living in a Hospital /Residential Care / Supported Hostel or other Supported Accommodation

Yes ☐ No ☐

If you have ticked “Yes”, please give the **name and address** of the organisation which provides your accommodation:

.....

and the contact details for your Support Worker there.

Name: Tel No.....

4.3 Have you had a Community Care Assessment

Yes ☐ No ☐

If “Yes”, please give the contact details of the Social Worker involved:

Name: Tel No.....

Address :

SECTION 5 – Further Information and Declaration

5.1 Please note here any other information you would like to provide in support of your application

.....
.....
.....

5.2 Have you previously applied for priority because of your health or access needs?

Yes ☐ No ☐ If “Yes” when did you apply? month Year
and how has your situation changed?

.....
.....

Note: Where the person who has the health or access needs is over 16 years of age and not the applicant or joint applicant but a member of their household, then this form should be signed by both this person and the person making the housing application. If you are the person making the housing application (either the applicant or joint applicant) and it is you who has the health or access needs, then you should sign in both places.

5.3 Permission to contact other agencies for more information

I certify that the information given on this form is, to the best of my belief, true and accurate. I give permission for the landlord who is processing my housing application on behalf of East Dunbartonshire Common Housing Register to contact my Doctor, Consultant or other healthcare professional, Social Worker or Support Provider, for further information. I consent to information contained within this form being shared with other landlords who are considering my housing application, also other departments of the Council and the Health Service, for the purpose of trying to provide housing suitable for my health and access needs.

Signature of the person who has the health or access needs:

..... **Date :**

Declaration

I certify that the information given on this form is, to the best of my belief, true and accurate. I understand that if I knowingly give false or misleading information, any additional points awarded will be removed.

Signature of the lead person on the Housing Application

..... **Date :**

FOR OFFICE USE ONLY:
Assessed Property and Support Requirements

Tick all that are appropriate

House Category	General Housing code	Elderly code
With stairs First floor and above or with internal stairs	GNS <input type="checkbox"/>	DES <input type="checkbox"/>
Ground level Access at ground level and no internal stairs	GNG <input type="checkbox"/>	DEG <input type="checkbox"/>
Easy access Living room, kitchen, bathroom and at least one bedroom at ground level or accessed using an internal stair lift. Also either level entry, suitable for ramping or lift available for access to the property.	GNA <input type="checkbox"/>	DEA <input type="checkbox"/>
Wheelchair adapted As easy access but internally adapted to make the property suitable for a wheelchair user	WCA <input type="checkbox"/>	WAE <input type="checkbox"/>
Wheelchair designed Purpose built wheelchair housing	WCD <input type="checkbox"/>	WDA <input type="checkbox"/>

Housing Support	Tick all that are appropriate
Housing with no support	<input type="checkbox"/>
Sheltered housing	<input type="checkbox"/>
Supported Housing with Community Care i.e. Intensive care or support <u>provided through the landlord</u>	Self contained <input type="checkbox"/> Shared <input type="checkbox"/>

Is an extra bedroom required?

Yes ☐ No ☐

Priority Awarded: High ☐ Medium ☐ None ☐

Assessed by: _____ Housing Operations Adviser Date _____

Comments:

To be completed by Housing Services Manager

Assessment approved by: Name

Signature:

Date

Reviewed

Signature:

Date

Outcome:

Housing Operations
East Dunbartonshire Council
William Patrick Library
2-4 West High Street
Kirkintilloch
Glasgow
G66 1AD
Tel: 0300 123 4510
E-mail: housing@eastdunbarton.gov.uk

Other formats and translations

This document can be provided in large print, Braille or on audio cassette and can be translated into other community languages. Please call the Council's Corporate Communications Team on 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòn gu 0300 123 4510

अनुसोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।