

Application No.



Building on progress for a brighter Hillhead

HEALTH &/OR SUPPORT NEEDS

2 Meiklehill Road, Hillhead, Kirkintilloch, G66 2LA Tel: 0141 578 0200

The Applicant(s) for housing should complete the table below. This may not necessarily be the person with the Health &/or Support Needs.

Please complete a separate form for each person with Health &/or Support Needs.

	Main Applicant	Joint Applicant
First Name		
Surname		
Current Address	No. & Street	
	Area	
	Town/City	
	Postcode	
House Phone		
Mobile Phone		

The information in this document is available in other languages or on tape/CD, in large print and also in Braille. For details contact the Association on 0141 578 0200 or e-mail: admin@hillheadhousing.org

Tha am fiosrachadh anns an sgrìobhainn seo ri fhaotainn ann an Gàidhlig no air teip/CD, sa chlà mhòr agus cuideachd ann an Clò nan Dall.
Airson tuilleadh fiosrachaidh, cuiribh fios dhan Chomann air 0141 578 0200 no cuiribh post-dealain gu: admin@hillheadhousing.org

इस दस्तावेज़ में दी गई जानकारी हिन्दी में भी या टेप, सी डी, बड़ी छाप और ब्रैल में भी उपलब्ध है। विवरण के लिए एसोसिएशन को नम्बर 0141 578 0200 पर या ई-मेल के द्वारा सम्पर्क करें: admin@hillheadhousing.org

本文件所載資料備有中文(廣東話)版本，也可以製作成錄音帶/光碟，以及利用特大字體和凸字印製，以供索取。
欲知有關詳情，請聯絡本協會，電話：0141 578 0200，或向我們發送電郵，電郵地址：
admin@hillheadhousing.org

ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੀ ਗਈ ਜਾਣਕਾਰੀ ਪੰਜਾਬੀ ਵਿੱਚ ਵੀ ਜਾਂ ਟੇਪ, ਸੀ ਡੀ, ਵੱਡੀ ਛਪਾਈ ਅਤੇ ਬ੍ਰੈਲ 'ਤੇ ਵੀ ਉਪਲਬਧ ਹੈ। ਵੇਰਵੇ ਲਈ ਐਸੋਸਿਏਸ਼ਨ ਨੂੰ ਨੰਬਰ 0141 578 0200 'ਤੇ ਜਾਂ ਈ-ਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ: admin@hillheadhousing.org

اس دستاویز میں درج معلومات اردو زبان یا آڈیو ٹیپ رسی ڈی، بڑی طباعت اور بریل میں بھی دستیاب ہیں۔
تفصیلات کے لئے ایسوسی ایشن سے ٹیلیفون نمبر 0141 578 0200 یا ای میل admin@hillheadhousing.org کے ذریعے رابطہ قائم کریں۔

HEALTH AND/OR SUPPORT NEEDS

Notes for Guidance – Health Needs

Points/priority are not awarded simply for having a medical condition or disability.

They are awarded where the current accommodation is unsuitable for managing the condition(s) and a move to a more suitable property would improve this. If it cannot be shown that a move would improve the management of the condition(s), then points will not be awarded.

Although for many conditions, Association staff may be able to make an assessment based on the information contained in this form, in some cases, there will be a need for a report from a medical specialist, for example, a consultant; a GP, a Community Psychiatric Nurse etc.

In this case, it is the responsibility of the applicant to obtain the necessary report(s) and to pay any charges made by the medical specialist(s).

Some examples which may be considered for an award of points are :

- ❖ Where there are features of the property which make it unsuitable for a household member, for example :
 - where they use a wheelchair and the property does not have adequate access or space
 - where they need adaptations or aids which cannot be adequately accommodated within the property
 - where there are stairs up to or inside the property and they cannot comfortably and/or safely walk up these
 - where, because of restricted mobility, they are unable to use the bath provided
 - where there is not a separate bedroom for them; and/or a safe, enclosed garden and/or privacy and these are essential for their safety and wellbeing
- ❖ Where there is no access to personal transport for a household member and the property is in a hilly area which they cannot comfortably walk up
- ❖ Where there is no access to personal transport for a household member who cannot comfortably walk to the nearest shops selling essential items
- ❖ Where there is no access to personal transport for a household member who cannot comfortably walk to the nearest public transport facility

Notes for Guidance - Support Needs

Points are only awarded in the following circumstances :

- ❖ Where you live outwith East Dunbartonshire and need to move into East Dunbartonshire for the purpose of giving or receiving support; or to access an essential service.
- ❖ Exceptionally, where you live within East Dunbartonshire but you or your support provider(s) have no access to personal transport and experience substantial difficulty in providing that support.
- ❖ Exceptionally, where you live within East Dunbartonshire but you have no access to personal transport and experience substantial difficulty in accessing an essential service.
- ❖ Where you need to move to other accommodation so that you can have a carer live with you.
- ❖ Where you presently live in a hospital, care home or supported accommodation and wish to have your own home and this wish is supported by your care provider or support agency.
- ❖ Where you have had a Community Care Assessment to enable you to live in your own home; or need to move home in order to receive care or support.

SECTION A

- 1** Please give details below of the person who has health/disability and/or support needs (if you/they have no health or disability issues, but only require support, please complete the first box below and then go directly to Question 9)

First Name		No. & Street	
Surname		Area	
Date of Birth		Town/City	
Phone No.		Postcode	

Health Condition(s)	Medication(s) Taken

2 Do you/they have any of the following (please tick “Yes” or “No” to each question):

	Yes	No
Sight impairment not corrected by glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment not corrected by a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Addiction to drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Walking difficulty – unable to walk	<input type="checkbox"/>	<input type="checkbox"/>
- walk with severe pain or difficulty	<input type="checkbox"/>	<input type="checkbox"/>
- walk with some pain or difficulty	<input type="checkbox"/>	<input type="checkbox"/>
- walk without pain or difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Do you/they use : - a walking stick	<input type="checkbox"/>	<input type="checkbox"/>
a Zimmer	<input type="checkbox"/>	<input type="checkbox"/>
a Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked “Yes” to using a Wheelchair, is this :

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/their current home Wheelchair adapted	<input type="checkbox"/>	<input type="checkbox"/>
If “No”, would you/they use a wheelchair indoors if it was adapted	<input type="checkbox"/>	<input type="checkbox"/>

3 How do you/they manage with :

	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/out 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 Suitability of the current home - Stairs

	Yes	No
Do you/they have problems using stairs inside the home	<input type="checkbox"/>	<input type="checkbox"/>
Do you/they have problems using stairs outside the home	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked **“Yes”** to either of the questions above, please continue below, otherwise, please go to **5** below

How many stairs are there ? : **Inside** the home _____ **Outside** the home _____

Please tick whichever applies :

You/they cannot use stairs at all

You/they can use stairs with severe pain or difficulty

You/they can use stairs with some pain or difficulty

You/they can use stairs without pain or difficulty

How many stairs can you/they manage at one time : _____

5 Suitability of the current home - Facilities

Do you/they have difficulty accessing any of the following in the home :	Yes	No
Bath/shower	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **“Yes”**, would you/they describe your/ their difficulty as :

Unable to access all of these	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access some of these because they are upstairs/downstairs	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access bath/shower only	<input type="checkbox"/>	<input type="checkbox"/>
Able to access all of these but with severe difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Able to access all of these but with some difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Able to access all of these without difficulty	<input type="checkbox"/>	<input type="checkbox"/>

Have any of the following been installed in your/their home (please tick all that apply)

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 give details) : _____

6 Is your/their health condition or disability such that : Yes No

The layout or facilities within your/their home are unsuitable

You/they require to move to housing which is more accessible for you/them or one which has particular facilities within it

There are other reasons for you/them needing a move of house (please give details)

7 Is an additional bedroom required for health or disability reasons **Yes** **No**

If you have ticked "Yes", please tell us why _____

If the additional bedroom is required for an overnight carer, please tell us for how many nights a week, the carer will stay _____

8 Please give details of all the health professionals involved in your/their care :

	Name	Address	Tel. No
G.P.			
Hospital Consultant			
Psychiatrist			
Community Psychiatric Nurse			
Occupational Therapist			
Other Healthcare professional			

9 Please give details of others involved with helping you/them :

	Name	Address	Tel. No
Social Worker			
Carer			
Support Worker			
Other person who assists you/them			
Family/Friends who will provide support to you/them			

10 If you/they are currently living in a Hospital/Residential Care Home/Supported Hostel or other Supported Accommodation, please give the following details :
Name of Organisation : _____ Tel. No. : _____
Main Support/Care Worker's Name : _____

11 Have you/they had a Community Care Assessment ? Yes No
If you have ticked "Yes", please give details of the Social Worker involved :
Name : _____ Tel. No. : _____

SECTION B Further Information and Declaration

1 Note : If the person with the Health and/or Support Needs is over 16 and is not the main or joint applicant, then this form should be signed by both the person with the needs in **2** below; and by the main applicant in **3** over the page.
If the person with the Health and/or Support Needs is the main or joint applicant, then they should sign both **2** and **3** .
If the person with the Health and/or Support Needs is under 16, then the main applicant should sign both **2** and **3** .

2 Permission to contact other agencies for further information
I certify that the information given on this form is, to the best of my belief, true and accurate.
I give permission for Hillhead Housing Association or their medical advisors, to contact any of the healthcare professionals or support providers noted on this form; or any that the Association subsequently becomes aware of, for further information.
I consent to information contained in this form being shared with other landlords ; and with departments of local authorities and the Health Service, for the purpose of trying to provide housing suitable for my health and/or support needs.

Signature of Person with Health and/or Support Needs :

_____ Date : _____ 20__

3 Declaration by Main or Joint Applicant

I certify that the information given on this form is, to be best of my belief, true and accurate.

I understand that if I knowingly give false or misleading information, any additional points or priority awarded will be removed.

Signature of Main or Joint Applicant

_____ Date : _____ 20__

**Please return this form to Hillhead Housing Association,
2 Meiklehill Road, Hillhead, Kirkintilloch, G66 2LA. If you have
any queries, please phone us on 0141 578 0200**

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Received Date	Assessed Date	By	Lettered Date	Pts	Pri	App'd Date	Outcome	Notified Date
Needs								Tick
No accessibility issues – any house type								
No accessibility issues – secure garden and individual space								
Moderate accessibility issues – ground floor with no internal stairs; or house with downstairs bathroom and bedroom								
Severe accessibility issues – as moderate, plus level access shower and level entry or suitability for ramp								
Wheelchair adapted/adaptable for external/internal access and wet floor shower								
Fully purpose built/ wheelchair adapted throughout								