

Medical Application Form

Points may be awarded to applicants suffering a medical condition or impairment, where a change of accommodation will alleviate the condition or reduce its effect, benefiting the applicant's health or significantly improving their quality of life.

In order that your application for rehousing on medical grounds may be assessed, you should complete the following questions as fully as possible. River Clyde Homes may wish to obtain further details from your doctor if this is necessary to properly assess your application.

If more than one person in the household has a medical condition or impairment, please request a separate form. **This form is available in large print, on tape or in an alternative language or format on request.**

1
General details

Name of applicant

Details of person with medical condition or impairment

Name

Date of birth

Address

Town

Post code

Phone

Please tick the type of accommodation you are currently living in

 Flat

 Bungalow

 Maisonette

 Bungalow

Other (please specify)

If you live in a flat, which floor level is it on?

 Ground

 First floor

 Second floor

 Third floor or above

Does the building you live in contain a lift?

 Yes

 No

If yes, does it stop at your floor level?

 Yes

 No

Please tell us below what health problems you have, the diagnosis and medication prescribed, if any.

Would you prefer to stay in your home if you could?

 Yes

 No

If you have answered yes you may be interested in information regarding aids and adaptations. If so, - please contact:
The Centre For Independent Living, 10 – 16 Gibshill Road Greenock, PA15 2UP Telephone 714350

The following questions will give you the chance to tell us how your housing affects your health.

2

Getting around your home

Stairs

Do you have:

	None	A little	A lot	A great deal
Difficulty with internal stairs, which make access to the bathroom or bedroom difficult or possible only with assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with internal stairs, which make access to the bathroom or bedroom difficult or possible only with assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us the problems you have with stairs

Indicate how many stairs are inside and outside your home

Inside

Outside

How many stairs could you manage easily inside and outside your home

Do you already have, or do you need, any equipment to help you with the stairs?

Yes

No

If yes, please describe it.....

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

Walking stick

Walking frame

Wheelchair

Other (please specify)

If the design of your current house prevents you from using a wheelchair, please give details...

3

Details of your current home

Bathroom

What does your bathroom have?

A bath

A shower over the bath

A separate shower unit

A wet floor area

Do you have difficulty using the bath, shower or toilet?

Yes

No

If yes, please describe it...

Do you have to go upstairs to the

Toilet

Bathroom

Bedroom

3

Details of your current home

Bedroom

Does your illness or disability mean you need an extra bedroom?

Yes

No

If yes, please tell us why you need this...

Current housing

Please tell us how your current housing affects your medical condition or impairment and how you feel a move would help?

4

Social contacts

Do you have social contact with other people outwith your household?

Every day

Most, but not all days

At least once a week

Less then once a week

No social contacts

5

Daily Living

How much help do you need with the following?

	None	A little	A lot	A great deal
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<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"/>

6

Care Needs

Do you need assistance with the following? need with the following?

	None	Some assistance	A lot of assistance
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to / rising from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

Hospital

Do you regularly attend a hospital or clinic?

Yes

No

If so, which hospital, or clinic?

What is your consultant's name?

Contact address and telephone number

8	Family doctor	
	What is your doctor's name?	
	Contact address and telephone number	
	If you get regular support from anyone else, such as district nurse, community practice nurse or occupational therapist, please give their name and address if possible...	
	Contact address and telephone number	

9	Further information	
	In order that we may assess your application fully, do we have permission to contact any of the above people if we need more information about your health?	Yes <input type="checkbox"/> No <input type="checkbox"/>

10	Data Protection Act 1988
	<p>River Clyde Homes is registered under the Data Protection Act 1998 and must comply with the conditions set out in the Act.</p> <p>River Clyde Homes will process the information contained in this application form and any other relevant information they obtain in connection with the application in a number of ways. They will process the information for the purposes of your application for housing. They may also use this information to provide statistical data to River Clyde Home's Board, Communities Scotland, the Scottish Executive, Audit Scotland, and other interested parties. In addition if you are successful in obtaining accommodation from River Clyde Homes your application details will be kept on file as "history notes".</p> <p>By signing this application form I give consent to River Clyde Homes processing the information supplied in any of the above ways.</p>

11	Declaration	
	I confirm that the information I have given on this medical points application form is true and accurate. I understand that providing any false or misleading information or withholding relevant information may result in my application being cancelled. I understand that if I obtain a tenancy based on false or misleading information I understand that this could be grounds for eviction.	
	Signed	
	Date	

Thank you for filling in this form. Please return the completed form to:
 Letting Team, River Clyde Homes, Wallace Place, Greenock PA15 1LZ