

CHR

Common Housing Register

Health and housing need application

North Lanarkshire Council and registered social landlords working in partnership to provide:

- a simple process for applying for housing;
- one application form for all partner landlords to fill in; and
- good-quality information and advice.

MANIPALIN

如果你需要用其他语言或者其他格式表示这些信息，请与我们联系以便讨论你的要求。

POLISH

Jeżeli potrzebujesz tą informację w innym języku lub formacie, proszę, skontaktuj się z nami, żeby przedyskutować Twoją potrzebę.

PUNJABI

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਇਸ ਖਤੇ ਦੇ ਡਾਲ-ਮੇਲ ਕਰੋ।

HINDI

यदि आप को यह जानकारी किसी और भाषा में चाहिए तो कृपया हमारे साथ इस पते पर संपर्क करें।

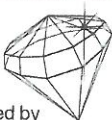
URDU

اگر آپ کو دوسری زبان میں یہ معلومات درکار ہو تو براۓ مہربانی ہم سے مندرجہ ذیل پتہ پر رابطہ کریں

CANTONESE

如需其他語言的資料，請致函下址與我們聯絡。

Crystal
Mark
17313



Clarity approved by
Plain English Campaign

Introduction

We have written these guidance notes to help you fill in the health and housing needs application.

These notes are set out in the same order as the application form, and give you some examples of the type of information we need under each heading. Please try to give us as much information as you can. This will help us make sure we have the right information to assess your priority for housing.

In some circumstances, we may need to get more information on your health condition or on how it affects you. If we need to do this, we will contact the relevant person from health or Housing and Social Work Services.

We will keep all information confidential and we will only use it to assess your priority for housing, based on your health needs. We will use this information in line with the Data Protection Act 1998 and will only use it to deal with your application.

There are 10 sections in the form, each with a number of questions. We need you to answer all of them because different landlords need different information. For example, one landlord might provide housing especially for elderly people, disabled people or people with mental-health problems, so they need certain information.

Guidance Notes

1 Filling in the form

You will need to fill in this form if you need us to consider:

- an illness or disability;
- your support needs;
- what you need to help you live Independently
(for example, you may need to make adaptations to your home); or
- your need for a special type of housing (for example, housing for older people).

2 If there is more than one person in your household applying for housing because of their health and housing needs, each of them should fill in a separate form.

3 You may find it difficult to fill in this form on your own. You can ask any of the partner landlords or any member of staff from Housing and Social Work Services, to help you fill it in. Or you could ask the health staff who normally help you.

4 Return your form

Please return your filled-in form to any of the partner organisations listed on the main application form. Do not give this form to your GP.

1 Personal details

Please give us your own details and make sure you tell us your date of birth and National Insurance number. We will use this information to confirm your identity when we process your application form.

Your address

Please write the address of where you normally live. Unless you say so later on in the page, this is the address we will use to contact you.

Make sure we have an up-to-date address for you at all times.

Contact Details

When you fill in your application, please make sure you give your contact details accurately so we can get in touch with you. We may phone or e-mail you to discuss your application or offer you housing.

If you want us to send letters to a different address, please write the address in the space provided.

1a Your details

Title (Mr, Mrs, Miss, Ms
and so on)

Last name

First name

Date of birth

National Insurance number

E-mail address

Phone number

Mobile number

Current address
and postcode

Address and postcode we
should send letters to
(if different from above)

1b Details of the person who filled in this form (if different from above)

Title (Mr, Mrs, Miss, Ms
and so on)

Last name

First name

E-mail address

Phone number

Mobile number

Address and postcode we
should send letters to

2 Health problems

Health problems

You should tell us about any health problems you have which are affected by your current home. This might be a problem with your physical health, or with your mental health. Try to tell us as much as you can.

There may be times when your health is better than usual and times when it is worse. For example, if you have a long-term mental-health problem, there may be times when you are feeling well. There may also be times when your health is not very good and this is affecting how well you can manage in your home. Or, you may have a condition which has periods of relapse (where you become ill again) and when having a relapse you find things more difficult to do. Please tell us about when things are good and not very good.

2a Please tell us what your health problem is and how it affects you. Tell us about physical and mental problems. If there are times when this health problem is better or worse, please tell us about this.

2b How long have you suffered from this health problem?

2c Is this health problem permanent?

Yes ☐ No ☐

If you have answered 'No', please give us more details.

2d Please give us your GPs contact details.

Name

Address and
postcode

Telephone No:

3 Medical Information

Medical Information

We ask if you go to a hospital or clinic. If you go somewhere other than a hospital or clinic for regular support, please tell us about this.

We ask you whether you consider yourself to be disabled. The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial long-term adverse effect on his / her ability to carry out normal day to day activities'.

This means a physical or mental problem which has a major effect on your ability to carry out day-to-day activities such as eating, washing, walking and going shopping. The problem must have lasted, or be likely to last for, at least 12 months, and must affect how well you can move around, speak, hear, see or remember information.

If you have a sight or hearing problem, you may have difficulties in your current home. We may be able to give you advice about how you can deal with these difficulties, such as using equipment and making adaptations to your home. Sometimes the layout of your home might make things difficult for you.

3a Do you regularly go to a hospital or clinic or somewhere else for regular support?

Yes ☐ No ☐

If you have answered 'Yes', please give us the following details.

Name of the hospital, clinic or other place:

Name of the doctor, consultant,
nurse or counsellor:

3b How often do you visit?

Every day ☐ Every week ☐ Every two weeks ☐

Every month ☐ Every three months ☐ Every year ☐

3c Do you consider yourself to be disabled?

Yes ☐ No ☐

3d Please tick any of the following that apply to you.

I have difficulty hearing

Yes ☐ No ☐

I am 'profoundly deaf' and communicate using British Sign Language (BSL) or lip reading

Yes ☐ No ☐

I have difficulty with my eyesight

Yes ☐ No ☐

I am registered blind

Yes ☐ No ☐

4 Living independently

Living independently

You should tell us about how you manage to get around your current home and whether you are able to use all the facilities. For example, you may not be able to get in and out of the bath, you may not have enough room in your kitchen to get around it if you use a wheelchair or other mobility equipment, for example a walking frame.

Maybe the way your current home is laid out is not helpful, for example the doors are not wide enough or they open the wrong way. Or, maybe there is not enough space in the bathroom, bedroom or kitchen for you and your family or carers to give you the help or support you need.

4a Do you have trouble getting around? Yes ☐ No ☐

If you have answered 'Yes', do you use the following equipment? (Please tick all the equipment you use.)

Equipment used	Is equipment used indoors?	Is equipment used outdoors?
Walking stick	<input type="checkbox"/>	<input type="checkbox"/>
Walking frame	<input type="checkbox"/>	<input type="checkbox"/>
Manual wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Electric wheelchair	<input type="checkbox"/>	<input type="checkbox"/>

4b Do you find it difficult to use stairs?

- Yes, I cannot use stairs ☐
- Yes, but get there slowly ☐
- Yes, it takes a lot of effort ☐
- No ☐

If you find it difficult to use stairs, how many can you manage? _____

4c How many steps or stairs are there in your current home?

Inside: _____ Outside: _____

4d Are there handrails on the stairs?

Yes, on one side ☐ Yes, on both sides ☐ No ☐ No, but handrails would be helpful ☐

4e Does the location of your current home affect how easy you find it to get around? Yes No ☐ ☐

If you have answered 'Yes', please give us details.

4f Do you have difficulty getting to the bathroom, kitchen or bedroom? Yes ☐ No ☐

5 Housing needs

Housing needs

This section is about what your current home is like, for example whether you already have an adaptation to help you or you think you need one.

You should also tell us if you need an extra room because of your health. This could be if you have people who stay with you overnight to support you, you have a lot of medical or nursing equipment to store or you have a lot of equipment that you use every day, for example a hoist, stairclimber, wheelchair, walking frame and so on.

You should tell us if there is anything else about your current home which makes it difficult for you to manage your health condition or live as independently as you could.

5a Do you need an extra bedroom due to your health condition?

Yes ☐ No ☐

If you have answered 'Yes', please say why.

5b What facilities are there in your bathroom?

A bath ☐ A shower over the bath ☐ A separate shower unit ☐ A wet-floor shower unit ☐

5c Do you have difficulty using the bath, shower or toilet?

Yes ☐ No ☐

If you have answered 'Yes', please say why?

6 Housing details

Housing details

You should tell us in this section anything else about your current home which affects your health and that you have not already told us about. For example, if you have coal-fired central heating and you are no longer able to make and take care of a coal fire.

Please also tell us about anything that you feel makes your current home unsuitable. For example, you may have a disability that affects your daily life or you may have a sight or hearing problem that affects whether you are able manage day-to-day activities.

Use this section to tell us any information that will help us to assess your housing need.

6a What type of heating do you have?

6b Why is your current home not suitable for your health needs?

6c Is your home damp?

Yes ☐ No ☐

If it affects your health, please tell us about it.

7 Adaptations

Adaptations

You should tell us in this section if your current home has already been adapted to meet your needs, for example with a wet-floor shower, a ramp and so on.

Maybe your current home hasn't been adapted, and you feel you could manage much better with adaptations. For example, if you are a wheelchair user and other members of the family are not, having the worktop with the sink or hob in it move up and down to let you use it.

You should also tell us your views on whether you would like to stay in your current home or whether you would like to move. We may not always be able to make adaptations straight away, but it is important that we have your views.

7a Has your home been adapted to suit your needs?

Yes ☐ No ☐

If you have answered 'Yes', please tell us about this.

7b What other adaptations do you think your home needs?

7c Would you prefer to stay in your own home if you could?

Yes ☐ No ☐

If you have answered 'No', please explain why?

7d Do you want us to consider you for any special type of housing, such as housing designed for elderly people or housing adapted for people with disabilities or support needs?

Yes ☐ No ☐

If you have answered 'Yes', please give us details.

8 Your daily life

Your daily life

In this section, you should tell us whether you have any problems with your day-to-day activities because of your health problem. Maybe you are recovering after being in hospital because of a mental-health problem, and you need to live somewhere you feel safe, with facilities nearby to help you recover.

8a Do you have difficulty getting to the shops and other places?

Yes ☐ No ☐

If you have answered 'Yes', please tell us what those difficulties are.

8b Do you have difficulty preparing and eating meals?

Yes ☐ No ☐

8c Do you have a garden at your current home?

Yes ☐ No ☐

If you have answered 'Yes', please say how you manage this.

- I manage easily on my own ☐
- I find it difficult to manage ☐
- I find it impossible to manage ☐
- Someone helps me to manage it ☐
- I need help and there isn't any available ☐

9 Help

Help

In this section, you should tell us if you get any regular help with managing your home, your household activities, your personal care, your job or any learning and leisure activities.

9a Do you get regular help from any of the following?

- A relative or friend ☐
- An occupational therapist ☐
- A social worker ☐
- A health visitor ☐
- A home help ☐
- A district nurse or a community psychiatric nurse ☐
- A voluntary organisation ☐
- Other (please tell us who)

Support

- Help with your daily life or personal care.
- Help so you can stay in your tenancy.

Sections 10a to 10c are about the support you either get or need to help you with household or personal-care activities. You need to tell us what support you already have and what support you need.

Section 10d is about the support you either get or need to help you keep your home. For example, making sure you can keep your home safe and secure, pay your bills on time and so on.

Yes ☐ No ☐

Name	Address and phone number	Details of the type of support

Every day ☐ Every week ☐ Every two weeks ☐

	I already receive help with this	I will need help with this
Cleaning and maintaining my home		
Daily living – preparing food, using appliances and so on		
My personal safety and general wellbeing in my home		
Going out to use services and facilities, and going shopping		
Keeping in touch with family and friends		
Managing my money, paying bills, and so on		

We will keep all the information you give in this form, and any documents connected with it, on a computer system for the common housing register. Your chosen partner landlords will be able to use this information to assess your housing need and will use it in line with the Data Protection Act 1998.

Declaration

After you have filled in this form, please read through the following statements and sign at the bottom to show you understand and agree with them.

- You can contact my doctor, hospital consultant, health visitor or social worker if you need more information for my application for housing.
- My chosen landlords are able to see any information I give you, now or in the future.
- I will tell you if my circumstances change.
- All the information I have given you is true. If I give you any false information or do not tell you about any relevant information, you may suspend my application.
- If you give me a property because I have given you false information or I have not told you about any relevant information, you may end my tenancy.
- I have read and understand the section on the Data Protection Act 1998 (on page 24 of the application form) and agree to the conditions.

Signature of the person applying: _____ Date: _____

Please sign here if you have filled in
this form for the person applying: _____ Date: _____

Please tell us your relationship to the person applying: _____

