



Medical and Special Housing Needs Questionnaire

Medical and Special Housing Needs Questionnaire



creating communities to be proud of

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Please complete the relevant sections of this form to allow us to process your application correctly.

Any change in your circumstances or those of any other person included on your application may affect your chances of being rehoused, so you should inform the Shoreline Housing Partnership Customer Service Centre as soon as you can when changes occur.

WARNING: Please note that it is an offence to provide false information. Providing false information on this form may lead to the application being withdrawn and, where necessary, legal action.

About Us

Our Values

Customer Focus.....Listening, caring and putting our customers first
Performance.....Reliable, credible and providing value for money
Innovation.....Actions that embrace positive change
Leadership.....Committed and accountable
Adapt & Grow.....Planning for a secure future
Diversity & Equality... Openness, honesty and respect

Our Vision

“Providing good quality homes and opportunities in communities that people choose to live in”.

Our Mission Statement

- To be the housing provider of first choice.
- To be a trusted employer.
- To be a valued partner.

Section 1: About You

Name of applicant
Date of birth
Address
Post code
Household member with a special housing need (if not main/joint applicant)
Name
Date of birth
Address
Post code
Details of person completing the form (if different from above)
Name
Address
Post code
Relationship to applicant

Section 2: Medical Need

Please complete this section if you have medical problems which you think could be improved by moving to different accommodation.

2.1 Please give details of your illness, disability or impairment. If you have mobility problems, please give details.

2.2 Please tell us why you think your current home makes your illness, disability or impairment worse and why you think a move will help you.

2.3 In your current accommodation do you have difficulty:

- Climbing a flight of stairs.....
- Climbing one or two steps
- Managing stairs at all

2.4 Please tick any of the statements below that apply to you:

- I have a problem with sight.....
- I have a problem with hearing.....
- I have problems walking.....
- I need to use a stick.....
- I use crutches or a walking frame.....
- I have a problem using lifts.....
- I use a wheelchair indoors.....
- I use a mobility scooter.....
- I use an oxygen cylinder.....
- I use a nebulizer.....
- I use an inhaler.....
- I use a mobility car.....

2.5 Do you require an extra bedroom for medical or other reasons?

Yes No

If **Yes**, please tell us why.

Section 3: Aids and Adaptations

Please complete this section if you require aids and adaptations to help you live comfortably in your home.

If you require any aids or adaptations then we will ask an independent medical assessment specialist to assess your need and also to advise what kind of property will be most suitable for you.

3.1 Do you have any of these adaptations in your current home?

Ramp to enable access.....

External half step to improve access.....

Wide doors for wheelchair access.....

Off-road parking for mobility car.....

Storage space and power supply for mobility scooter.....

Stairlift.....

A through floor lift

Grab rails.....

Over bath shower.....

Walk in shower.....

Wet room.....

Low-level bath.....

Lever taps.....

Disabled toilet facilities to allow wheelchair access.....

Kitchen units and worktops lowered to allow wheelchair access.....

Electric sockets, light switches and heating controls
at non-standard height to allow wheelchair access.....

Specialist smoke detectors, door bell/ door entry system
for tenants with hearing difficulties.....

Other, please give details
.....
.....

3.2 Will you require any of these adaptations to any home you move in to?

If **Yes**, please tick all that apply:

- Ramp to enable access.....
- External half step to improve access.....
- Wide doors for wheelchair access.....
- Off-road parking for mobility car.....
- Storage space and power supply for mobility scooter.....
- Stairlift.....
- A through floor lift
- Grab rails.....
- Over bath shower.....
- Walk in shower.....
- Wet room.....
- Low-level bath.....
- Lever taps.....
- Disabled toilet facilities to allow wheelchair access.....
- Kitchen units and worktops lowered to allow wheelchair access.....

- Electric sockets, light switches and heating controls
at non-standard height to allow wheelchair access.....

- Specialist smoke detectors, door bell/ door entry system
for tenants with hearing difficulties.....

Other, please give details

.....
.....

3.3 Do you have a copy of an occupational therapy report detailing your individual requirements? Yes No

Please note that this report will be used to identify your requirements and will help us when we allocate you a property.

3.4 Are you prepared to accept an offer of accommodation that does not currently have the adaptations you need?

Yes No

We may be able to move you to another more suitable property that does not have the adaptations you need. If this occurs you will need to apply to North East Lincolnshire Council's Home Improvement Agency who carry out all adaptations on our behalf. We will advise you further on this process when you are given a property.

For more information please ask for a copy of our leaflet 'Disabled adaptations...a guide' which is also available at all of our public offices and on our website at **www.shorelinehp.com**.

Section 4: Social and Other Special Housing Needs

Please complete this section if you have any care and or support needs, or any other special need which would be made easier by a move to different accommodation, or if a move to a particular area will make this easier.

4.1 Please tick the box(es) that apply to you:

I require support because of a learning disability.....

I require support because of a mental health problem.....

I require support because of a drug and/or alcohol related problem.

Other, please give details.....

.....

4.2 Do you need to move to a particular area or neighbourhood:

To give or receive care and/or support? Yes No

If Yes, please give details

Any other reason?
Please give details

Section 5: Declaration

I confirm that the information given in this form is correct to the best of my knowledge and understand that a false statement made knowingly or recklessly may result in the loss of any tenancy that may have been granted to me by Shoreline Housing Partnership or another Housing Association.

Signed _____ Date _____

If you would like a friend or family member to be able to contact us to discuss your housing application we need to have your written consent. Please tell us the names of people who may contact us and tell us their relationship to you. Sign below to confirm you are happy for us to discuss your housing application with them.

Name _____ Relationship _____

Name _____ Relationship _____

I give my consent for Shoreline Housing Partnership to discuss my housing application with the people named above.

Signed _____



Corporate member of
Plain English Campaign
Committed to clearer communication.

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business for neighbourhoods

Shoreline Housing Partnership Limited
Registered Office, Shoreline House, Westgate Park,
Charlton Street, Grimsby, North East Lincolnshire, DN31 1SQ
Registered in England and Wales, Registration Number 4997871
Registered Charity: Charity Number 1107876
Housing Corporation Registration Number L4442
July 2009

For Office Use Only

For Office Use Only	
WLRN	Applicant Surname
Date of Application	
UPRN	
Main Applicant Number (PIN)	
Band Assigned	
Date of Acknowledgement Letter	
Type of 2nd Letter	
Date of 2nd Letter	
Processed by (User ID)	