

Ref No:

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Help us keep it!

**Lochfield Park Housing Association**

# Medical Questionnaire

If an applicant or a member of the household has any medical condition where rehousing would significantly alleviate this, points may be awarded in recognition of the situation.

## **Q 1 About you (main applicant)**

Please provide your details below. This will help us to link the information in this form to your housing application. If possible, please complete in BLOCK CAPITALS

Title	
First Name	
Surname	
Date of Birth	
NI Number	
Current Address	

## **Q1a Joint Applicant (where applicable)**

Title	
First Name	
Surname	
Date of Birth	
NI Number	
Current Address	

**Q 2 Health Issues**

Do you, or anyone to be rehoused with you, have a medical condition?

Please tick ✓ Yes  No

Only one set of medical points will be awarded per application. Medical points are awarded to the person with the greatest need. Please provide details of the household member you wish to be assessed for medical points in the table below.

Name of Person with this medical condition	Name of medical condition
Brief description	
When was this medical condition diagnosed?	Relationship to main applicant

**Q 3 Please explain, in detail how this illness or disability is being worsened by your household’s current housing situation.**

Please mention any physical issues and/or mental health issues. It is important that we know exactly how your housing is affecting your family’s health.

**Q 4 Does the person with the medical condition use any of the following?**

If applicable, please provide details where and how often this aid is used?

Please tick ✓	Inside	Outside	Always	Regularly	Occasionally
<b>Wheelchair</b>					
<b>Walking Frame</b>					
<b>Walking Stick</b>					

**Q 5 Has your current home been specially adapted or built specially for wheelchair use?**

Please tick ✓ Yes  No

**Q 6 Have any adaptations been carried out to your current home because of the medical need?**

Please tick ✓ Yes  No

If yes, please provide details below:

**Q 7 Do you require housing all on one level?**

Please tick ✓ Yes  No

**Q 8 Do you have a garden?**

Please tick ✓ Yes  No

**Q 9 Is private garden space essential because of the medical condition of anyone to be rehoused with you?**

Please tick ✓ Yes  No

If yes, please provide details below:

**Q 10 Is a separate bedroom required for the person with a medical condition or for a carer?**

Please tick ✓ Yes  No

If yes, please provide details below:

**Q 11 Is the person with the medical condition able to safely use a bath and over bath shower?**

Please tick ✓  
Yes  No

If no, please provide details below:

**Are any of these required?**

**Wet Room** Yes  No

**Walk in Shower** Yes  No

**Q 12 Does anyone to be rehoused receive support from a support agency?**

Please tick ✓ Yes  No

If yes, please provide details below:

Name of support provider
Support providers address/contact details
Please note the type of support provided

**Declaration**

I/we certify that the information given is a true record of my /our present circumstances. If not, the application may be invalidated OR withdrawn OR cancelled. The Association has the right to apply in court for repossession of any dwelling/accommodation, where the tenancy was found to have been granted on the basis of false or misleading information.

I/we agree to inform Lochfield Park Housing Association of any changes to my/our circumstances. I/ we authorise the Association to make the necessary enquiries or investigations to confirm the details of this application.

The Association will not discriminate on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation in line with the 2010 Equalities Act.

**Data Protection**

All the information provided within this application will be treated in confidence and comply with the relevant data protection legislation. The information within this form will need to be verified by the relevant party and in signing this form you confirm that you understand that the Association will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Associations Fair Processing Notice. The purpose of obtaining this information is to verify your current and previous housing circumstances and the information will only be used for the purpose of assessing your rehousing need and requirements. The information you give on this form will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Associations Allocations Policy. Should you obtain accommodation with the Association, this form and any subsequent additions/updates will be held securely in your tenancy file. After granting a tenancy, should any of the information you have provided on this application be found to be false or misleading, this will be grounds for the landlord to raise action against you to end the tenancy.

Signature of applicant		Date	
Signature of Joint applicant <i>(where applicable)</i>		Date	