

Medical and Support Needs Assessment



This form will help us assess your specific medical and support requirements to enable you to continue to live independently. Please hi-light any concerns you have or think you may have in the future, with aspects of daily living such as; health, general well-being, managing security, finances, employment or social networks. Please provide as much information as possible, as this will enable us to accurately assess your situation.

If there is more than one person in your household with a medical condition that may be affected by your accommodation, a separate form will need to be completed. This can be requested from our office on 01273 471600

Medical

Whilst this assessment is individual, only the highest medical banding within the household will be applied to the application. The assessment will be based on how the accommodation affects your health, not necessarily how bad your health is. Your banding will be awarded according to the information provided and may go down as well as up.

If you should move within the Lewes District area, you will need to complete a change of circumstance form for the housing register and submit a new medical and support assessment. The new accommodation may affect your medical condition in a different way which could change the banding on your application.

If an extra bedroom is proven to be needed for medical reasons this does not mean Housing Benefit will automatically award the extra funding, this must be applied for separately.

Please provide a letter from your doctor/psychiatrist/mental health professional or consultant with confirmation of your clinical diagnosis including a description of your symptoms. If a doctor's letter cannot be obtained, a Patient Summary Record can be requested from your GP surgery (this should be free of charge). We also require evidence of the prescribed medication you are taking.

We would expect your medical and support needs assessment results to be posted to you within six weeks of you submitting your form and supporting documents.

Applications for Sheltered Housing

You must be able to live independently and have low to medium levels of support need. If your needs are too high you may be advised to consider an extra care scheme or residential care as an alternative to sheltered housing. You must be at least 60 years old and have support needs to apply for Sheltered Housing.

Support Needs:

- You are frail because of your medical problems
- You have health problems that mean you need support
- You have a hearing or sight impairment that affects your day-to-day activities
- You have issues relating to safety and security which affect your day-to-day activities
- You have a poor quality of life due to isolation and would benefit from a supported community environment

Applicants/Householder members name

Date of birth ___/___/___/ Age

Phone number

Current address

Homemove reference number

If you have undertaken an Adult Social Care or NHS Assessment, please give us your CareFirst / NHS Number or your Care Co-ordinator's details below:

1. About where you currently live

What type of property do you live in?

Number of bedrooms?

Number of steps from street level to front door?

Is there lift access to your flat? Yes No

How many toilets are in your property?

On what floor of your home is your toilet?

Do you have a garden?

Are you within easy reach of services?
(e.g. shops, GP, transport)

Terrain surrounding your property? Hilly Flat

Has your home been adapted to assist you with day-to-day living?
Please give details.

2. Are you registered as disabled?

Yes No Disabled registration number

3. Mobility

- Are you able to stand unaided? Yes No
- Do you have difficulty climbing a flight of stairs? Yes No
- Do you have difficulty climbing one or two steps? Yes No
- Do you have difficulty using lifts? Yes No
- Do you have difficulty walking? Yes No
- How far can you walk on the level? 10 metres 50 metres 100 metres+
- Do you use the following?
- Wheelchair Walking Frame Walking stick Crutches
- Who provided your mobility aid? Self-purchased Social Services
- Do you use the aid: Always Regularly Occasionally Never
- Inside your home Outside your home

4. Limbs

Do you suffer from any restriction in your limbs? (e.g. hand movements)
If YES, please explain

5. Communication

- Do you have difficulty with your hearing? Yes No
- Do you have problems with your sight? Yes No
- Do you have problems with your speech? Yes No
- Are you able to read? Yes No
- Are you able to write? Yes No

6. Please tell us about any disability benefits you receive:

Disability Living Allowance: **Awarded** **Pending**

Mobility component Low High

Care component Low Medium High

Personal Independence Payment: **Awarded** **Pending**

Mobility component Standard Enhanced

Daily Living Standard Enhanced

Attendance Allowance : Low rate Higher rate

Other (please state)

7. Have you been diagnosed with a mental health condition?

Yes No

If yes, please give details (e.g. diagnosis, medication, treatment etc.)

8. Do you suffer from any other health problems?

Yes No

If yes, please give details		
Name of condition	When diagnosed	Hospital treatment required or received

9. Does your disability or health condition prevent you from finding a place to live?

Yes No

If yes, please give details

10. Please specify any adaptations you need in order to live independently:

11. Has your Occupational Therapist made formal recommendations for these adaptations? If yes please submit a copy with this form.

Yes No

12. Have you had a formal assessment of your needs carried out by Adult Social Care? If yes please submit a copy with this form.

Yes No

13. Please tell us how your health problems/disability affects your ability to live in your present housing

(E.g. problems accessing toilet, bathroom, outside etc.)

14. Professional involvement

Professional Involved	Name	Address	Contact number
GP			
CPN			
Social Worker			
Occupational Therapist			
Probation Officer			
Support Worker			
Drugs Worker			
Other			

15. Medications and treatment

Please provide a copy of all your current prescriptions with this form and detail any additional treatment e.g. psychotherapy, counselling etc. below

Please provide details and frequency

16. Can you do the following tasks independently?

Task	Yes	No	Please describe the help you need
Take medication			
Use the bath or shower/wash			
Washing hands/face			
Get out of a chair			
Get out of bed			
Dress			
Eat and drink			
Preparing food			
Cook			
Use the toilet			
Collect pension and pay bills			
Upkeep of home (e.g. housework and laundry)			
Use gas and electric appliances			
Keeping safe (e.g. locking up at night)			
Get out and about			
Driving a car/mobility scooter			
Using public transport			
Shopping			
Gardening			
Keeping appointments			

17. Do you need help to keep to the terms and conditions of a tenancy agreement?

(e.g. understand the tenancy agreement, responsibility for visitors and noise nuisance, managing your rent account, maintaining your home.)

Yes No

If yes, please give details

18. Do you currently receive support or assistance from friends or family?

Yes No

If yes, please give details:

Name:

Address:

19. Do you need support in order to budget and manage your finances?

(e.g. Household bills, day-to-day living, managing a bank account, claiming benefits)

Yes No

If yes, please give details

20. Do you feel isolated where you currently live?

Yes No

If yes, please give details (e.g. Need help making contact with friends/family or no friends/family in your local area)

21. Do you need advice or help in accessing activities? For example; hobbies, clubs, cultural or religious groups or entering employment or voluntary work.

Yes No

If yes, please give details

22. Have you received treatment for a drug and/or alcohol dependency? Do you have a history of misuse or non-use of prescribed medication?

Yes No

If yes, please give details

23. Accommodation Requirements

Please tell us of any other relevant information which would affect the type of accommodation you require:

Declaration

- I confirm that the information provided in this form is, to the best of my knowledge, correct.
- I confirm my agreement for you to access medical details from my doctor and other professionals in connection with my application.
- I authorise you to make any necessary enquiries in accordance with the Data Protection Act 1998. This may include sharing information with other council departments and partner agencies.
- I authorise you to make any referrals necessary in connection with my application (e.g. Occupational Therapy) and I consent to any visits that may be needed to further assess my situation.

Signature of applicant

Date ____/____/____

If someone has completed this form on behalf of the applicant, please tell us who below:

Name

Relationship to applicant

Do you hold Power of Attorney or

are you a Court of Protection Appointee?

Yes

No

Please confirm status and provide contact details including a telephone number

The information held on this form will be used to assess any support requirements for re-housing. The information that you provide will be treated in the strictest confidence. Please return this form to: **Housing Needs Team, Lewes District Council, Southover House, Southover Road, Lewes, East Sussex, BN7 1AB.**

Office Use only: (circle all that apply)

Qualify for General Needs Yes No

Qualify for Sheltered Housing Yes No

If qualifies for Sheltered Housing, confirm type:

- Low level supported bungalow property
- Low to medium level supported sheltered block scheme
- High level supported Extra Care scheme

Eligible for Residential Care (must be confirmed with ASC) Yes No

Eligible for High level supported Independent Living Scheme (ILS) Yes No