

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 or 01323 410000.**

## 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 same council 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 Benefits 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 Retirement 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 retirement housing. You must be at least 60 years old and have support needs to apply for Retirement 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

Homes First 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 General Data Protection Regulation and Data Protection Act 2018. 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. You can find information about your rights and how we use your personal data in the Neighbourhood Housing Privacy Notice. If you do not already have a copy and would like one please let us know. It can also be found on our website under the 'Privacy Notices for our range of services' tab ([www.lewes-eastbourne.gov.uk/Access to information/Privacy Notice](http://www.lewes-eastbourne.gov.uk/Access_to_information/Privacy_Notice)). The information that you provide will be treated in the strictest confidence. Please return this form to your local council office at either Southover House for Lewes District Council or Town Hall, Grove Road for Eastbourne Borough Council.

### Office Use only: (circle all that apply)

Qualify for General Needs                      Yes                      No

Qualify for Retirement Housing              Yes                      No

If qualifies for Retirement Housing, confirm type:

- Low level supported bungalow property
- Low to medium level supported retirement housing 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