

HEALTH AND HOUSING NEED FORM

Your name:

Your address:



A joint approach to housing in Argyll involving:



This form is available in a range of languages and formats. Please contact any of the partner housing associations and we will be happy to assist.

Jezeli chcieliby Państwo otrzymaO ten dokument w innym języku lub w innym formacie albo jeeli potrzebna jest pomoc Uumacza, to prosimy o kontakt z nami.

本文件可以翻譯為另一語文版本，或製作成另一格式，如有此需要，或需要傳譯員的協助，請與我們聯絡。

Ma tha sibh ag iarraidh an sgrìobhainn seo ann an cànan no riochd eile, no ma tha sibh a' feumachdainn seirbheis eadar, feuch gun leig sibh fios thugainn.

यह दस्तावेज़ यदि आपको किसी अन्य भाषा या अन्य रूप में चाहिये, या आपको आनुवाद-सेवाओं की आवश्यकता हो तो हमसे संपर्क करें

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

About the Health and Housing Need Form

This 'Health and Housing Need' Form helps us to work out whether your health is affected in some way by your current home. If it is, we will offer you a certain level of priority for re-housing.

There are five different levels of priority that we might award:

- **Danger to occupy your home** – this is the highest level of health and housing need award. It is awarded if your health means it would be dangerous for you to live in your current home and a move is essential.
- **Urgent need of rehousing** – for example, if you can't get to essential facilities – like your bathroom - without help.
- **Serious need of rehousing** – for example, if you are having difficulties in getting around your home unaided and moving home would help this.
- **Significant need of rehousing** – for example, if your home doesn't meet your current needs and it would help your health to move.
- **No award** – if moving home would not help your health then you will not be awarded priority for health and housing need.

Please only complete this form if you think that moving home would help your health. If more than one person in your household has health difficulties related to housing, please fill in one form for each person.

The information you provide in this form will be used to assess whether you should be awarded health and housing need priority. It will also be used to help us match you with a home that meets your needs.

If you need help completing this form, please get in touch and we will be happy to help. Our contact details are at the end of this form.

About You

1. Name:

2. Address:

3. Contact Number:

4. Are you the person who filled out the main housing application form?

Yes

No

5. If not, please give us the name and address of the person who filled out the main application form.

6. If you are filling in this form **after** you have submitted your main application form, please tell us your application reference number (if you know it).

Your Health

7. Please tell us about your health problem(s) and how long you have suffered from the problem(s):

Condition		Duration	
Condition		Duration	
Condition		Duration	

8. Do you have difficulty walking?

Yes

No

If yes, do you use any of these to help you get around?

	Yes	No
Walking stick		
Walking frame		
Wheelchair		

If you use a wheelchair, do you use it:

Indoors only	
Outdoors only	
Both	

9. Please tell us briefly about how your condition affects your daily life in your present home and surroundings (for example, breathlessness climbing stairs, inability to reach toilet)

10. Please tell us about any impact your condition has on family and carers, and how this could be improved by a change of house

11. Do you have regular contact or help from Social Work Services, the NHS or another voluntary support agency? (e.g. Home Carer, Social Worker, District Nurse, Mental Health Team)

Yes

No

If yes, please tell us what contact, help or services you receive:

12. If your health problem is not covered by any of the questions above, please tell us how this problem is affected by your housing and how you feel a move would help:

About Your Current Home

13. Is your home:

A flat	
A one-storey house	
A two or more storey house	

If it is a flat, what level is it on?

14. How many steps are there:

Inside?	
Outside?	

15. Do you have difficulty climbing stairs?

Yes	<input type="text"/>	No	<input type="text"/>
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16. Are there handrails on the stairs?

Yes	<input type="text"/>	No	<input type="text"/>
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17. Does your bathroom have...?

A bath only	
A shower over a bath	
A separate shower unit	

18. Do you have to go upstairs to go to the...?

	Yes	No
Toilet		
Bathroom/ Shower		
Bedroom		

19. Do you have any equipment or adaptations to help you – for example a ramp, handrails or equipment to help you in the bathroom or in the kitchen?

Yes	<input type="text"/>	No	<input type="text"/>
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If yes, please describe these:

20. Does your heating cause you health problems?

Yes	<input type="text"/>	No	<input type="text"/>
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If yes, please tell us what heating type you have and how it causes you problems:

21. Does your home have dampness which affects your health?

Yes

No

If yes, please tell us about the dampness and how it causes you problems:

22. Do you have any difficulty getting to the shops and other places?

Yes

No

If yes, please tell us what these difficulties are:

23. Do you need to be in a particular area to be close to a caring relative or friend?

Yes

No

If yes, please tell us what area you need to be in:

24. Does your illness or disability mean you need an extra bedroom?

Yes

No

If yes, please explain why:

25. We recognise that this form can't cover every possible circumstance. If there is another reason your housing is unsuitable because of your health, that we have not yet covered, please tell us about it:

Getting More Information

26. Please give us contact details of your family doctor:

Name:

Address:

Contact Number:

27. If you get regular support from anyone else, please give their name and address below:
(for example, an Occupational Therapist, District Nurse or Psychiatric Nurse)

Name:

Address:

Contact Number:

What Happens Next?

For us to assess your health priority for re-housing we may need to get more information from the people you have mentioned on this form. We need your consent to us making any enquiries that we need to make to be sure that the information you provided is accurate, and that we have everything we need to assess your health and housing need priority.

If you are applying to more than one housing association, one of them will undertake the assessment and pass on the outcome to the others. This will avoid the need for you to complete several forms and for several assessments to be undertaken. By signing this form you are agreeing to the HOME Argyll housing associations sharing information about your health and housing needs.

Declaration

I/we have completed this form with answers that are true and correct. I/we consent to information contained within this form being shared between the Housing Associations participating in the HOME Argyll Common Application Form. Information may also be shared with other agencies, such as the Council and the NHS, in order to ensure that my/our housing needs and housing support needs are assessed in accordance with the HOME Argyll common allocation policy.

I/we consent to the Housing Associations making such enquiries deemed necessary.

I/we undertake to notify one of the partner Associations immediately should my/ our circumstances change.

Your signature:

Date:

Returning Your Form

When completed, your form should be returned along with your application form.

If you have already handed in your application form, this form can be returned to any of the offices below. It would be easiest for us if you returned it to the same place that you sent your application form.

Argyll Community Housing Association

Area Office	Address	Telephone
Mid Argyll	Dalriada House, Lochgilphead, PA31 8ST	01546 604 800
Kintyre	Old Quay Head, Campbeltown, PA28 6ED	01586 559 055
Cowal	Manse Avenue, Dunoon, PA23 8DQ	01369 708 688
Bute	Union Street, Rothesay, PA20 0HD	01700 501 300
Oban, Lorn & Isles	Albany Street, Oban, PA34 4AW	01631 567 911
Islay	Jamieson Street, Bowmore, PA43 7HP	01496 301 301
Lomond	31 James Street, Helensburgh, G84 8BW	01436 658 700

Email: enquiries@acha.co.uk

Web Address: www.acha.co.uk

Fyne Homes

Area Office	Address	Telephone	Fax
Rothesay	81 Victoria Street, Rothesay, Isle of Bute, PA20 0AP	01700 504 668	01700 505 267
Dunoon	63 Hillfoot Street, Dunoon, Argyll, PA23 7DR	01369 706 140	01369 706 939
Lochgilphead	1 Smithy Lane, Lochgilphead, Argyll, PA31 8TA	01546 606 775	01546 606 519
Campbeltown	3 Harvey's Lane, Campeltown, Argyll, PA28 6GE	01586 551 166	01586 552 680

Email: postmaster@fynehomes.co.uk

Web Address: www.fynehomes.org.uk

Dunbritton Housing Association

Head Office	Address	Telephone	Fax
Dumbarton	Unit 14, Leven Valley Enterprise Centre, Castlehill Road, Dumbarton, G82 5BN	01389 761 486	01389 730 067

Email: admin@dunbritton.org.uk

Web Address: www.clydehousingconnections.org.uk/?info=dunbritton_home

West Highland Housing Association

Head Office	Address	Telephone	Fax
Oban	Crannog Lane, Oban, Argyll, PA34 4HB	01631 566 451	01631 565 711

Email: mail@westhighlandha.co.uk

Web Address: www.westhighlandha.co.uk