LEICESTERSHIRE
— Choice based lettings —

MEDICAL AND MOBILITY ASSESSMENT FORM

Before filling in this form please make sure that you can provide any evidence in the form of information from your GP, health care professional, social worker or occupational therapist. Please fill in a separate form for each household member with medical or mobility needs.

You should only fill in this form if:

- Your current home makes your disability or health problems worse; or
- Your current home is difficult to manage due to your disability or health.

DO NOT fill in this form if:

- You are pregnant or have a problem with your current pregnancy which is likely to improve once you have had your baby.
- You have an illness or injury that is likely to get better with treatment, for example if you are recovering after surgery.

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About You:

Household member with medical or mobility need:

Title: Mr Mrs Miss Ms

Other:…….....

First Name:……...

…….

Surname:……..

…….

Address:……

…….

…….

…….

Date of Birth:……

Homeseeker reference number:

……

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About Your Medical or Mobility Need:

1. What is your medical condition? (Tick all that apply)

☐ Physical Disability – Problems with mobility
☐ Chronic or long term illness
☐ Mental illness
☐ Respiratory – Problems with breathing
☐ Allergy
☐ Learning difficulty
☐ Other

2. Please tell us the name of your condition(s):

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……...

……..

3. Please provide details of medication and daily dosage:

……...

……..

……..

……..

4. Do you receive any help or support for your condition? Yes ☐ No ☐

4a. If YES, please tell us who you receive support from:

☐ District nurse
☐ Occupational Therapist
☐ Home Carer
☐ Community Psychiatric Nurse
☐ Social Worker
☐ Other ……
……

4b. If YES, please provide details of the support you receive:

Name:…… Contact number:……

Address:……...

Type of support received:……..

5. Please tell us the name of your GP: ……..

Address:……..……

Telephone No.:……...

6. Please tell us the name of your Consultant: (if applicable)

……...

About Your Home:

7. What type of property do you live in?

☐ Bungalow
☐ House
☐ Bedsit/Studio Flat
☐ Flat
☐ Maisonette
☐ Hostel
☐ Room in a shared house
☐ Sheltered Accommodation
☐ Mobile Home
☐ Other (Please specify)

……..

8. What floor is your home on?.....

9. What difficulties does your condition cause you in your current property? (Tick all that apply)

☐ Difficulty climbing stairs
☐ Difficulty using a bath
☐ Difficulty using the toilet
☐ Lack of adequate heating causes health problems
☐ Property not suitable for a wheelchair
☐ Damp or mould causes health problems
☐ No room for specialist equipment
☐ No room for overnight carer
☐ Mental health made worse by property
☐ Other (Please specify)

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……..

10. Do any of the following problems affect your home?

☐ Dampness
☐ Mould
☐ Lack of adequate heating
☐ Other……..

…….

11. Are there any adaptations in your current property? (For example: ramp or stair lift)

☐ Yes
☐ No

11a. If YES, what adaptations do you already have? (Tick all that apply)

☐ Level access/ walk-in shower
☐ Ramp
☐ Grab rails
☐ Lift access or stair lift
☐ Downstairs bathroom or toilet
☐ Full wheelchair access – such as ramps, widened doors, adapted kitchen and bathroom.
☐ Other …….

……..

11b. If NO, what adaptations do you need? (Tick all that apply)

☐ I do not need adaptations
☐ Level access shower
☐ Ramp
☐ Grab rails
☐ Lift access or stair lift
☐ Downstairs bathroom or toilet
☐ Full wheelchair access – such as ramps, widened doors, adapted kitchen and bathroom
☐ Extra bedroom for carer
☐ Other …….

…….

Further Information:

12. Do you receive any benefits due to your ill health or disability? (Tick all that apply)

☐ Income support
☐ Housing benefit
☐ Disability living allowance/PIP
☐ Attendance Allowance
☐ Incapacity benefit/ ESA
☐ Carers allowance
☐ State pension
☐ Pension credit guarantee
☐ Other:…….....

Mobility:
☐ Low
☐ Medium
☐ High

Care:
☐ Low
☐ Medium
☐ High

13. Which of the following best summarises your needs? (Please tick ONE option)

☐ My legs are unable to support my weight and I need to use a wheelchair when indoors and outdoors.

☐ I use a wheelchair but can walk a short distance. I cannot climb steps or stairs.

☐ I do not use a wheelchair but walk with difficulty. I cannot climb steps or stairs.

☐ I do not use a wheelchair; I find it difficult to walk, but can manage one or two steps.

☐ I need a downstairs toilet.

☐ I have a disability or a medical problem, such as kidney dialysis or epilepsy, requiring more suitable accommodation, which does not fall into any of the above categories.

14. Please tell us any other information about how your home affects your health:

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Please provide supporting evidence regarding:

- Your condition
- Your treatment
- Adaptations you require
- Why these adaptations cannot be made to your current property

Where there are joint home seekers both must sign this form.

Data Protection:

Your personal data is under the control of the Data Protection Officer at the Council holding your application details. If you want to know what personal information we hold about you, please write to the Data Protection Officer at the Councils main office.

By signing this form you are giving consent for us to contact your doctor or other support professional to discuss your medical and mobility needs.

Declaration:

I confirm that the details I have given on this form are true and that I will tell you immediately about changes in my circumstances. I understand that if I give any false information my application may be refused, any offers of tenancy may be withdrawn, or I may lose any tenancy I am granted.

Main Applicant Signature:

Date:……..

Joint Applicant Signature:

Date:……

Please return this form to: