

MEDICAL ASSESSMENT FORM

OFFICE USE ONLY	DOC TYPE	TICK
Vuln	MAFHOM	
B&B/Stg ii	MAFSTG2	
Cat A/B	MAFHR	
Review - perm	MAFRH	
Review – stg ii	MAFSTG2	
Review – b&b	MAFTA	
Review – hmls	MAFHOM	
Review – hr	MAFHR	
Mob/CAT	MAF: HOME, STG2, HR, RH, TA (<u>circle</u> applicable)	

Filling in this form:

Please complete the form with as much detail as possible if:

- You have applied as a homeless person and want us to assess your vulnerability
- You are homeless and want us to assess your suitability for bed and breakfast or self-contained accommodation (or a move from one to the other)
- You feel your current accommodation affects your (or a family member's) disability or ill-health
- You want us to assess you for Category A Medical Priority or additional medical points (not applicable to homeless applicants)
- You have rejected an offer of accommodation (temporary or permanent) and feel you have medical reasons for doing so
- You have accepted an offer of accommodation, but want us to review the suitability of the offer made to you (temporary or permanent) as you feel you have medical reasons for doing so
- You are on our Housing Register and have had a change in your medical condition (e.g. condition worsened, new medical condition for yourself or family member)

- You want us to assess what type of property you are suitable for due to your disability (Mobility Category)

YOU ARE NOT REQUIRED TO OBTAIN A MEDICAL CERTIFICATE OR LETTER FROM YOUR DOCTOR. If necessary, we will contact your doctor directly. To do this, we require you to complete the consent form on the last page of this form.

Please send your completed form to:

**The Housing Options Service
101 Orchardson Street
London
NW8 8EA**

If you need help completing the form, please contact the above office on:

020 7641 1000

Tenants – you may also contact your local Estate Office, who also deal with queries concerning your transfer application.

If you are not currently registered on the Tenant Transfer List or Housing Register, you will need to complete an application form and return it with this form.

- **Application Forms** are available at the above address and your Estate Office.

- **If you are homeless**, you should come to this office or call us to make an application.

About the assessment:

Your completed form will be considered carefully. If necessary, it will be referred to the Council's Medical Advisor for assessment. The Medical Advisor will make a recommendation based on the reasons you have submitted the form. An officer will then make a decision against your application, taking in to account any recommendation the Medical Advisor has made.

The Medical Advisor will also recommend whether you require a certain type of housing, e.g. wheelchair adapted accommodation.

Please note that once a decision has been made, further medical assessments will not usually be carried out unless your health deteriorates significantly. You would therefore need to submit a new form after 12 months.

Outcome of the assessment:

You will be notified in writing of the outcome of the assessment and how this affects your application.

Please note that an award of medical priority means that you may obtain settled accommodation more quickly than a household without these needs, but it does not mean immediate provision of accommodation.

Assessment of vulnerability (Homeless Applicants only):

When the assessment is conducted, consideration will be given as to whether you are able to fend for yourself, so that you will suffer injury or detriment in circumstances where a less vulnerable person would be able to cope without harmful effects. This is the legal test of the assessment for physical or mental vulnerability.

Award of Category A Medical Priority (not applicable to Homeless Applicants):

If you are awarded Category A medical priority, you are considered as having the highest medical need for a move and will be prioritised accordingly on the Housing Register.

When considering a property, the important thing to remember is the Category A award is given to afford you priority for housing, to solve the medical difficulties within your home and therefore you may have to consider that the properties that become available, may not be in your areas of choice, or preferred type of accommodation.

Category A can be considered when the housing situation is seriously adversely affecting health. This arises when:

- there is a housing factor which directly affects a medical condition
- adverse housing factors are having a serious effect on the ability to cope or on the quality of life
- on occasion, where an additional bedroom or extra space may be needed on health grounds.

Housing factors, which MAY adversely affect a medical condition:

Dampness: This must be caused by a structural building defect, which has been investigated and found to be irremediable.

Example: Severe chest conditions requiring intermittent hospitalisation

Overcrowding: Can increase risk of infection in some susceptible individuals.

Examples: Undergoing chemotherapy

Suffering from full blown AIDS

Medical conditions and disabilities where adverse housing conditions affect the ability to cope:

Mobility Impairment: Problems with walking and climbing stairs can make it difficult to reach or move within accommodation. A wide variety of medical conditions can cause reduced mobility, but only severe conditions are likely to be awarded priority for rehousing.

Examples: Lower limb amputation
Registered blind

The award of priority would depend on a consideration of the level of disability together with details of access of the existing accommodation.

Psychiatric Conditions:

Dementing Illness: In such cases, an assessment will be made of the capacity for independent living, and the possible need, or suitability, for sheltered accommodation.

Severe Psychiatric Conditions: In assessing these cases, supporting information will be required from a consultant psychiatrist practising in the NHS. **There must be evidence that alternative accommodation will improve the quality of life of the applicant.**

Factors that may warrant allocation of an additional bedroom on health grounds, or accommodation with a larger bedroom, on health/space grounds:

Examples: Severely agitated behaviour
Dementing illness
Hyperactivity in children where there is a risk to themselves or others
Double incontinence
Chronic skin wounds
Nocturnal epilepsy

Please note that these are only guidelines. Details of both your medical condition and current accommodation will be considered along with the recommendation of the Medical Advisor before any decision is made.

Category A is NOT usually awarded for the following conditions:

Examples: Stress and depression due to environmental factors such as overcrowding or relationship breakdown, unless symptoms are very severe and evidence is provided by a NHS consultant psychiatrist (not a non-medically qualified psychotherapist)
Pregnancy

Temporary illness or injury
Fear of lifts or unwarranted concerns over lift reliability
Consideration of distance to hospitals and other agencies or
carers in Westminster

MOBILITY CRITERIA

Under Choice Based Lettings, all available properties will be graded 1, 2, 3 or 4, so that those with the highest medical needs get the most suitable properties. The Mobility Category you are awarded will match these so that preference can be given to bidders whose medical needs they match.

Mobility Categories

MobCat 1 – wheelchair bound clients

MobCat 2 – clients who use a wheelchair at times

MobCat 3 – clients who cannot manage any stairs

MobCat 4 – clients with no mobility problems

Further Information:

Our booklet Applying for Housing has information on applying for rehousing on medical grounds. This is available from the above address.

MEDICAL ASSESSMENT FORM

Private and Confidential

SECTION 1 DETAILS ABOUT YOU

Surname:.....

First name(s):.....

Male Female Date of birth:.....

Current address:

.....Post Code:.....

Reference number (if known)..... Tel. no.....

SECTION 2 DETAILS ABOUT YOUR CURRENT ADDRESS

What type of property do you live in?

Hotel House Flat
 Maisonette Hostel/Night Shelter Council Tenancy

Other (please specify):.....

If you have a Council Tenancy, is it Westminster City Council's?

Yes No

If **no**, please state which Council:.....

If you live in a house, flat or maisonette please complete **Part A** below.

If you live in a hotel, hostel or night shelter, please complete **Part B**.

PART A (about your house, flat or maisonette)

How many bedrooms do you have?.....

What floor is the entrance to your house, flat or maisonette?

Are there any stairs **within** your home? Yes No

If **yes**, how many?.....

Is there a lift(s)? Yes No

If **yes**, does it go to your floor? Yes No

If **no**, how many stairs are there from the lift to your flat: _____ steps

Please state below **how many** steps there are from street level to the main entrance to your house, flat or maisonette: _____ steps

If there is **no** lift **how many** steps are there from the main entrance to your front door? _____ steps

Do you have central heating? Yes No

If **no**, please explain what form of heating you have:

Do you have use of your own kitchen and bathroom? Yes No

If **no** please state where these are located:.....

PART B (about your hotel, hostel or night shelter)

If you live in a hotel, did the council provide this to you? Yes No

How many rooms do you have for your own use? _____ rooms

What floor(s) is the room(s) on? _____ floor

Do any of the rooms you occupy have en-suite facilities? Yes No

If **no**, on what floor is the bathroom located?

Do you have use of a kitchen? Yes No

If **yes**, what floor is it on?

Is there a lift? Yes No

If **yes**, does it go to your floor? Yes No

If **no**, how many stairs are there to your room? _____ steps

SECTION 3 MEDICAL DETAILS

Please complete form for each person in your household who has a medical condition.

Surname:.....

First name(s):.....

Male Female Date of birth:.....

If **not** main applicant, relationship to main applicant

Occupation:..... How do you travel to work?.....

Illness/Disability/Medical Condition:

.....
.....
.....
.....

Are you awaiting surgery for your illness/disability/medical condition?

Yes No If yes, please give details:

How does your current accommodation affect your illness/ disability/ medical condition?

.....
.....

If you are homeless, please describe **how** your health prevents you from finding and keeping your own accommodation:

.....
.....

If you have applied for rehousing on medical grounds **before**, how has your condition changed since you last applied?

.....
.....

What medication are you prescribed (e.g. tablets, medicine taken)? If NONE, please state this is the case.

.....
.....

What medical treatment are you receiving?

.....
.....

Where do you receive this treatment (e.g. your GP, Hospital)?.....

Are you in receipt of Higher Rate Disability Living Allowance? Yes No

Do you, or any person in your household receive support or ongoing care management from Social and Community Services?

Yes No

If yes, please give details:.....

.....

Can you climb **one** flight of stairs (approximately 14 steps)? Yes No

(a) Without help Yes No

(b) With a walking aid Yes No

(c) Can you climb any steps Yes No

If you have answered **no** to any of the above, please give reason:

.....

(d) Do you use a wheelchair Yes No

If **yes**, do you use this inside your accommodation Yes No

SECTION 4 FURTHER MEDICAL INFORMATION

1. Do you, or any person in your household have a psychiatric condition?

Yes No

If yes, what is condition:

2. Do you have a child within your household who has a severe medical condition?

Yes No

If yes, what is condition:

3. Are you or any person in your household registered blind?

Yes No

If yes – Registration Number:

4. Do you require adaptations to your home due to your disability?

Yes No

If yes, please give details:

.....

.....

SECTION 5 REFUSAL OR REVIEW OF SUITABILITY OF OFFER OF ACCOMMODATION

DETAILS OF PERSON(S) THAT ACCOMMODATION IS UNSUITABLE FOR

Surname:.....

First name(s):.....

Male Female

If **not** the main applicant, relationship to the main applicant

Surname:.....

First name(s):.....

Male Female

If **not** the main applicant, relationship to the main applicant

Surname:.....

First name(s):.....

Male Female

If **not** the main applicant, relationship to the main applicant

ABOUT THE OFFER:

Address:

What rooms does it have?	Living Room	<input type="checkbox"/>
	Bed-Sitting Room	<input type="checkbox"/>
	Number of Bedrooms	<input type="checkbox"/>
	Kitchen	<input type="checkbox"/>
	WC	<input type="checkbox"/>
	Bath/Shower	<input type="checkbox"/>

Are there any stairs **within** the accommodation? Yes No

If **yes**, how many?.....

Is there a lift(s)? Yes No

If **yes**, does it go to the accommodation's floor? Yes No

If **no**, how many stairs are there from the lift to the accommodation: _____ steps.

Please state below **how many** steps there are from street level to the main entrance to the accommodation: _____ steps.

If there is **no** lift **how many** steps are there from the main entrance to the front door? _____ steps

MEDICAL REASONS FOR REFUSAL/REVIEW:

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Other reasons for refusal/review request:

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Please provide any further information that you think may help us to consider your request:

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SECTION 7	DETAILS OF DOCTOR, CARE MANAGER OR OTHER HEALTH PROFESSIONAL
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1. Name of Doctor, Care Manager or other Health Professional:

.....

Their Full Address:.....

.....Post Code:

Tel. no.....

2. Name of Doctor, Care Manager or other Health Professional:

.....

Their Full Address:.....

.....Post Code:.....

Tel. no.....

3. Name of Doctor, Care Manager or other Health Professional:

.....

Their Full Address:.....

.....Post Code:.....

Tel. no.....

Signed:.....

Date:.....

SECTION 8 DECLARATION

I allow my doctor/consultant/hospital/care manager/health professional to give details about my health, related to my application for rehousing to Westminster City Council's Medical Advisor. (Please note that we will not always consult your doctor).

PLEASE PRINT

Title: MR/MRS/MISS/MS (Delete not applicable):.....

Surname:.....

First name(s):.....

Signature: Date:

I allow my doctor/consultant/hospital/care manager/health professional to give details about my health, related to my application for rehousing to Westminster City Council's Medical Advisor. (Please note that we will not always consult your doctor).

PLEASE PRINT

Title: MR/MRS/MISS/MS (Delete not applicable):.....

Surname:.....

First name(s):.....

Signature: Date:

