

Please complete the form, save it, and email it to: supported@dartford.gov.uk

Housing & Public Protection Directorate

Dartford Housing Services



SELF-ASSESSMENT

Please complete this form fully and truthfully, as the information will be used to assess your eligibility for Housing Scheme accommodation.

Mr / Mrs / Ms / Miss / Dr Other:

Surname:

Forename(s):

NI no:

Date of Birth:

Telephone No:

Gender: Male Female

Current Address:

Postcode:

Type of Accommodation you live in now:

House Flat Maisonette Bungalow Care Home

If a flat, what floor do you live on?

Would you say you are generally healthy?

Yes No

Can you see? (With glasses, if worn)

Yes With difficulty: I am partially sighted or blind

Can you hear? (With hearing aid, if used)

Yes With difficulty I am deaf

Do the people you talk to understand what you are saying?

No Sometimes All the time

Do you have breathing problems (are you breathless) at any time?

No Sometimes All the time

Have you had any falls in the last six months?

None One More

Are you able to get involved in all the activities you enjoy, without help?

Yes No

Do you ever feel lonely?

Never Sometimes Often

Tell us about any current medical conditions you may have:

Can you use the telephone?

Without help, including looking up numbers and dialling
With some help
I am unable to use the telephone

Can you manage your own money, for example pay your own bills?

Without help
With some help
Completely unable to handle money

Can you take your own medicine?

Without help (in the right doses and at the right time)
With help (if someone prepares it and reminds you)
Completely unable to take your medicine

Can you get around indoors?

Without help
With some help
I use a wheelchair
I am confined to bed

Can you climb stairs?

Without help
With help
Unable to manage stairs

Can you dress yourself?

Without help, including buttons, zips or laces
With help: I can do some things on my own
I am completely unable to dress myself

Can you feed yourself?

Without help
With help, such as cutting food up or spreading butter
I am unable to feed myself

Do you feel safe inside your home?

Yes No

Do you have anyone who helps you when you are not well or have an emergency?

Yes No

If yes, who is this?

Do your family, friends or neighbour's support you?

Yes No

Can you access public services such as Post Office, doctor, dentist etc?

Without help

With help

Unable to get there on my own

Are you currently getting any of these services?

Home Care

District or Macmillan Nurse Health Visitor

Delivered meals

Do you have any aids or adaptations in your present accommodation?

Yes No

Do you attend a day centre, hospital or have respite care?

Yes No

Do you own or use a mobility scooter?

Yes No

Would you consider buying a mobility scooter in the future?

Yes No

Please explain why you have applied for this type of accommodation:

DECLARATION

I understand this form will be used to assess my need for an enhanced housing management service. Any subsequent offer will be made in accordance with the Council’s Choice Based Lettings Policy. I confirm that the particulars given in this form are true and correct and I undertake to notify the Council of any changes in my circumstances as soon as I become aware of them.

Applicant’s Name

Date

For office use only

Assessment of need:			
Result (please select:)	Meets criteria	Does not meet criteria	
Risk assessment for staff and tenants:			
Result (please select):	Low Risk	Medium Risk	High Risk

Assessor’s Name

Date

Please complete the form, save it, and email it to: supported@dartford.gov.uk

**or return to: Housing Schemes, Dartford Borough Council, Civic Centre,
Home Gardens, Dartford, Kent DA1 1DR**