DARTFORD
BOROUGH COUNCIL

Medical assessment and Social Care Needs assessment

E-Form March 2015

Applicant's Full Name……………………………………………………

Kent HomeChoice Number……………………………………………

This version is for use if you are filling in the form electronically. Throughout the form you will find highlighted areas that indicate where you should enter your answers. Once complete you may print your document and then post it to us or save your document and email it to us.

IMPORTANT NOTICE
PLEASE READ BEFORE FILLING IN THIS FORM

You will need to supply supporting documents as evidence of any statements regarding your medical conditions that you make on this form.

It is your responsibility to provide this evidence or seek it from your healthcare professional

Evidence can be in the form of supporting letters or details of medication, e.g. copies of prescriptions. Please be as thorough as possible.

If you do not supply this information we may not be able assess your case

GUIDANCE

Guidance for completing this form

Please tick which category best describes your circumstances:

- ☐ Your home is unsuitable for your needs and you want us to take into account your medical condition which is being made worse by your current housing (please complete parts A, B, C, D, F and G)
- ☐ You need to move to a particular locality in Dartford where failure to meet that need would cause hardship to yourself or others (please complete parts A, E, F and G)
- ☐ Both of the above (please complete all sections)

Please note medical priority is not routinely given for the following:

- anxiety, stress or depression
- asthma
- ADHD, OCD, personality disorders and other behavioural problems
- pregnancy
- epilepsy
- short term illness or injury
- fear of lifts or concerns over lift reliability
- drug and/or alcohol dependency

Details of your medical condition/social care needs and your current housing will be taken into account before we decide on the level of priority on medical or social care grounds. The Council's Allocations Policy has further details on how priority is assessed.

Please complete each relevant part of the form, tick the checklist to make sure you have completed everything and sign the declaration at the end. Send it to us, **together with your supporting evidence** to:

Housing Register
Dartford Borough Council
Housing Options and Private Sector Team
Civic Centre
Dartford
Kent DA1 1DR

You can also email the form and supporting evidence to allocations@dartford.gov.uk or bring it to the Civic Centre marked for the attention of the Housing Options and Private Sector Team.

If you need help to complete the form or would like it in another format please contact us on (01322) 343907

PART A

Part A
Personal details

Details of household member to be assessed:

Surname ………………………… First name(s) ………………………………...

Male ☐ Female ☐ Date of birth ………………………………....

Address

Post code

Telephone Number: Home …………………….. Mobile …………………………

Email………………………………………………………………………………

PART B

Part B
Medical Details

1. Details of your medical condition

Please give details of all of your medical conditions and treatments in the table below.

Medical Condition	Date of diagnosis	Name of medication and dose	How often do you take this medication?

2. **Are you currently receiving hospital treatment for your medical condition?**

   Yes / No (please click on the correct answer)

   If **Yes**, please give details:

3. **Are you awaiting further investigation / hospital referral / surgery for your medical condition?**

   Yes / No

   If **Yes**, please give details:

4. **Your medical condition and current housing**

What type of property do you live in? (please tick)

Flat on ground floor		House	
Flat above ground floor		B&B/Hotel/Other Temporary accommodation	
Maisonette		Hostel/night shelter	
Bungalow			

Other (please specify) ………………………………………

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

What floor do you live on? ...………………………………..

Is there a lift(s)? Yes / No

Are there any stairs within your home? Yes / No

If **Yes**, how many? …..........

Are there any stairs or steps outside the door to your home? Yes / No

If **Yes**, how many? …..........

Please explain how you think your medical condition is being made worse by your current housing. (This **MUST** be completed in order for your application to proceed)

5. Your mobility

Can you walk independently (without using a walking stick/frame)? Yes / No

If Yes, please go to Part C: Further information.

If **No**, do you use a walking stick / walking frame /crutches / other?

……………………...

Do you have difficulty climbing one flight of stairs (e.g. 14 steps)? Yes / No

Do you have difficulty climbing one or two steps? Yes / No

Do you use a wheelchair? Yes / No

If **Yes**, please circle whether this is:

a) Occasional use outdoors? Yes / No

b) Occasional use indoors? Yes / No

c) Full time use? Yes / No

Are you registered disabled or blind? Yes / No

If **Yes**, please state registration number: …………………………………………..

Do you have any adaptations to your home due to your disability? Yes / No

If **Yes**, please state what these adaptations are:

……………………………………………………………………………………………..

If **No**, please give details of any adaptations that you may need:

PART C

Part C
Further information

1. Can you carry out the following tasks without help from someone else?

a) Use a bath Yes / No

b) Cleaning/housework Yes / No

c) Shopping Yes / No

d) Cooking Yes / No

If you have answered **No** to any of these, please tell us what help you need and who helps you:

2. Does your medical condition affect you in your day to day/social life?

Yes / No / Not applicable

If you ticked **Yes**, please explain how it affects you

PART D

Part D
Kent County Council Housing Needs Assessment

If you have a physical disability and you feel your home is no longer suitable you will need to be assessed by an occupational therapist (OT) from Kent County Council's Assessment and Enabling team before your application can proceed. This will count as supporting documentation.
Please call the following numbers to arrange your assessment.

Adult OT team – 03000 416161
Children's OT team – 03000 413232

Please make sure you submit the COMPLETED Housing Needs Assessment with this document.

Have your needs been assessed by an OT?

Name of OT worker: ………………………………..

If Yes, what date were you assessed? ………………………………………

PART E

Part E
Social Care Needs

This section is for people who may need to move because of social care reasons. Our Allocation's Policy gives reasonable preference to people who need to move to a particular locality in Dartford, where failure to meet that need would cause hardship to themselves or others, for example to give or receive care.

This part **MUST** be completed if you are applying on the above grounds.

1. If you feel you need to move because otherwise it would cause hardship to you or others, please explain why this is the case here.

If you need to move to **give** care to someone, please state their name and relationship to you.

Name……………………………………Relationship………………………………

If you need to move to **receive** care from someone, please state their name and relationship to you.

Name……………………….……………Relationship…..…………..…………………

Where do they live? (please give full address and telephone number)

2. If there is there any other information you would like us to consider in relation to your social care needs please tell us here.

PART F

Part F
GP/Support Worker details

3. Details of your GP and any other support workers

Please complete your GP details:

1. Name of your GP/Doctor	
Full address	
Telephone Number	

Please list any other support workers involved in your care:

1. Name	
Address	
Telephone number	

2. Name	
Address	
Telephone number	

PART G

Part G
Declaration

Before you return this form, please sign the declaration below. In all cases, the household member with the medical or social issue must sign the declaration. If this person is under 18 years of age, then their parent or legal guardian should sign in their place.

Please remember it is up to you, as the applicant, to provide medical evidence.

I confirm that the information provided on this form is true, and that I will inform Dartford Borough Council if there are any changes in my medical condition or housing needs. I give my permission for my doctor / hospital consultant / other health professional / support worker to give details about my health and support needs, related to my application for rehousing, to Dartford Borough Council's housing medical/welfare panel.

Full name…………………………………………………………………………...

Signature………………………………………Date ……………………………….

Parent / Guardian of ……………….………………………………………..

If this form has been completed by anyone other than the applicant, please give details below:

Completed by……………………………………………………(PRINT NAME)

Signed………………………………………………………………………………

Relationship to applicant………………………………………………………….

Contact Number……………………………………………………………………

If you intend on submitting this form by email please check here :
if you agree to the above declaration and are unable to insert your signature.

FINAL CHECK

Final Check

Before you submit this form please check and tick the following:

☐ Have you made an on-line application for housing?

You must register with us before we can carry out a medical assessment. Go to www.kenthomechoice.org.uk to register

☐ Have you completed the sections that MUST be completed in order for your application to proceed?

☐ Have you had a Housing Needs Assessment by an OT (If applicable) and is it attached?

☐ Have you included your supporting evidence?

☐ Have you added your Kent HomeChoice number to each page of your supporting documentation?

You may either print this form out and return to the address on page 1 of this form or you may save the form and email it to allocations@dartford.gov.uk

Data protection statement
By signing this form you agree to the following statement:
'I am aware that the Council will create and maintain computer and paper records on me and that these records will be processed in accordance with the Data Protection Act 1998 and may be used for the purposes described in this assessment both internally and to external organisations/bodies'.