



# CHR

Common Housing Register

## Health and Housing Support Needs Assessment

North Lanarkshire Council and registered social landlords working in partnership to provide:

- a simple process for applying for housing;
- one application form for all partner landlords to fill in; and
- good-quality information and advice.

MANIPALIN

如果你需要用其他语言或者其他格式表示这些信息，请与我们联系以便讨论你的要求。

POLISH

Jeżeli potrzebujesz tą informację w innym języku lub formie, proszę, skontaktuj się z nami, żeby przedyskutować Twoją potrzebę.

PUNJABI

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਇਸ ਪਤੇ ਤੇ ਝਾਲ-ਮੇਲ ਕਰੋ।

HINDI

यदि आप को यह जानकारी किसी और भाषा में चाहिए तो कृपया हमारे साथ इस पते पर संपर्क करें।

URDU

اگر آپ کو دوسری زبان میں یہ معلومات درکار ہو تو براے مہربانی ہم سے مندرجہ ذیل پتے پر رابطہ کریں

CANTONESE

如需其他語言的資料，請致函下址與我們聯絡。





## Introduction

We have written these guidance notes to help you fill in the health and housing support needs assessment.

These notes are set out in the same order as the application form, and give you some examples of the type of information we need under each heading. Please try to give us as much information as you can. This will help us make sure we have the right information to assess your priority for housing.

In some circumstances, we may need to get more information on your health condition or on how it affects you. If we need to do this, we will contact the relevant person from health or Housing and Social Work Services.

We will keep all information confidential and we will only use it to assess your priority for housing, based on your health needs. We will use this information in line with the Data Protection Act 1998 and will only use it to deal with your application.

## Guidance Notes

### 1 Filling in the form

You will need to fill in this form if you need us to consider:

- an illness or disability;
- your support needs;
- what you need to help you live Independently (for example, you may need to make adaptations to your home); or
- your need for a special type of housing (for example, specialist housing for older people).

### 2 If there is more than one person in your household applying for housing because of their health and housing needs, each of them should fill in a separate form.

### 3 You may find it difficult to fill in this form on your own. You can ask any of the partner landlords or any member of staff from Housing and Social Work Services, to help you fill it in. Or you could ask the health staff who normally help you.

### 4 Return your form

Please return your filled-in form to any of the partner organisations listed on the main application form. Do not give this form to your GP.



## 1 Personal details

Please give us your own details and make sure you tell us your date of birth and National Insurance number.

We will use this information to confirm your identity when we process your application form.

### Your address

Please write the address of where you normally live. Unless you say so later on in the page, this is the address we will use to contact you.

Make sure we have an up-to-date address for you at all times.

### Contact Details

When you fill in your application, please make sure you give your contact details accurately so we can get in touch with you. We may phone or e-mail you to discuss your application or offer you housing. If you want us to send letters to a different person and or address, please write the address in the space provided.

#### 1a Your details

Title (Mr, Mrs, Miss, Ms and so on)

Last name

First name

Date of birth

National Insurance number

E-mail address

Phone number

Mobile number

Current address and  
postcode

Name, address and  
postcode we  
should send letters  
to (if different from  
above)

Relationship to applicant



## 2 Health problems

### Health problems

You should tell us about any health problems you have which are affected by your current home. This might be a problem with your physical health, or with your mental health. Try to tell us as much as you can.

There may be times when your health is better than usual and times when it is worse. For example, if you have a long-term mental-health problem, there may be times when you are feeling well. There may also be times when your health is not very good and this is affecting how well you can manage in your home. Or, you may have a condition which has periods of relapse (where you become ill again) and when having a relapse you find things more difficult to do. Please tell us about when things are good and not very good.

If there are times when this health problem is better or worse, please tell us about this.

**2a.** Do you currently suffer from health problems

Yes ☐ No ☐

**2b** If you have answered yes, please tell us what your health problem is and how it affects you in your current home. Tell us about physical and mental problems.

If there are times when this health problem is better or worse, please tell us about this.

**2c** Is this health problem permanent?

Yes ☐ No ☐

If you have answered 'No', please give us more details.

**2d** Please give us your GPs contact details.

Name

Address and  
postcode

Telephone No:



### 3 Medical Information

#### Medical Information

We ask you whether you consider yourself to be disabled. The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial long-term adverse effect on his / her ability to carry out normal day to day activities'.

This means a physical or mental problem which has a major effect on your ability to carry out day-to-day activities such as eating, washing, walking and going shopping. The problem must have lasted, or be likely to last for, at least 12 months, and must affect how well you can move around, speak, hear, see or remember information.

If you have a sight or hearing problem, you may have difficulties in your current home. We may be able to give you advice about how you can deal with these difficulties, such as using equipment and making adaptations to your home. Sometimes the layout of your home might make things difficult for you.

**3a** Do you attend any of the following to manage your medical conditions,? If so please state how often

	YES/NO	Name of Dr/consultant/ nurse/counsellor ect	Address	How often eg weekly, monthly
GP				
Consultant				
Clinic				
Hospital				
Other				
Other				

**3b** Do you consider yourself to be disabled?

Yes ☐ No ☐

### 4 Living independently

#### Living independently

You should tell us about how you manage to get around your current home and whether you are able to use all the facilities. For example, you may not be able to get in and out of the bath, you may not have enough room in your kitchen to get around it if you use a wheelchair or other mobility equipment, for example a walking frame.

Maybe the way your current home is laid out is not helpful, for example the doors are not wide enough or they open the wrong way. Or, maybe there is not enough space in the bathroom, bedroom or kitchen for you and your family or carers to give you the help or support you need.

**4a** Do you have trouble getting around?

Yes ☐ No ☐

If you have answered 'Yes', do you use the following equipment? (Please tick all the equipment you use.)

Equipment used	Is equipment used indoors?	Is equipment used outdoors?
Walking stick	<input type="checkbox"/>	<input type="checkbox"/>
Walking frame	<input type="checkbox"/>	<input type="checkbox"/>
Manual wheelchair (with assistance)	<input type="checkbox"/>	<input type="checkbox"/>
Electric wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Self propelled wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Mobility Scooter	<input type="checkbox"/>	<input type="checkbox"/>
Other - please state	<input type="checkbox"/>	<input type="checkbox"/>

Type:

**4b** Do you find it difficult to use stairs?

- Yes, I cannot use stairs ☐
- Yes, but get there slowly ☐
- Yes, it takes a lot of effort ☐
- No ☐

If you find it difficult to use stairs, how many can you manage? \_\_\_\_\_

**4c** How many steps or stairs are there in your current home?

Inside: \_\_\_\_\_ Outside: \_\_\_\_\_

**4d** Are there handrails on the stairs?

Yes, on one side ☐ Yes, on both sides ☐ No ☐ No, but handrails would be helpful ☐

**4e** Does the location of your current home affect how easy you find it to get around? Yes ☐ No ☐  
eg Do you have difficulty getting to shops or to support your needs eg doctors/hospital  
or is it because of how far you live from these services or because of the location of your  
house eg is it on a hill

If you have answered 'Yes', please give us details.

**4f** Do you have difficulty getting to the bathroom, kitchen or bedroom? Yes ☐ No ☐

**4g** Does your medical condition place you in danger of falling in your home? Yes ☐ No ☐

Have you ever fallen in your home? Yes ☐ No ☐

## 5 Housing needs

### Housing needs

This section is about what your current home is like, for example whether you already have an adaptation to help you or you think you need one.

You should also tell us if you need an extra room because of your health. This could be if you have people who stay with you overnight to support you, you have a lot of medical or nursing equipment to store or you have a lot of equipment that you use every day, for example a hoist, stairclimber, wheelchair, walking frame and so on.

You should tell us if there is anything else about your current home which makes it difficult for you to manage your health condition or live as independently as you could.

**5a** Do you need an extra bedroom due to your health condition? Yes ☐ No ☐

If you have answered 'Yes', please say why.

**5b** What facilities are there in your bathroom?

A bath ☐ A shower over the bath ☐ A separate shower unit ☐ A wet-floor shower unit ☐

**5c** Do you have difficulty using the bath, shower or toilet? Yes ☐ No ☐

If you have answered 'Yes', please say why?

## 6 Housing details

### Housing details

You should tell us in this section anything else about your current home which affects your health and that you have not already told us about. For example, if you have coal-fired central heating and you are no longer able to make and take care of a coal fire.

Please also tell us about anything that you feel makes your current home unsuitable. For example, you may have a disability that affects your daily life or you may have a sight or hearing problem that affects whether you are able manage day-to-day activities.

Use this section to tell us any information that will help us to assess your housing need.

**6a** What type of heating do you have?

**6b** Why is your current home not suitable for your health needs?

**6c** Is your home damp?

Yes ☐ No ☐

If it affects your health, please tell us about it.

## 7 Adaptations

### Adaptations

You should tell us in this section if your current home has already been adapted to meet your needs, for example with a wet-floor shower, a ramp and so on.

Maybe your current home hasn't been adapted, and you feel you could manage much better with adaptations. For example, if you are a wheelchair user and other members of the family are not, having the worktop with the sink or hob in it move up and down to let you use it.

You should also tell us your views on whether you would like to stay in your current home or whether you would like to move. We may not always be able to make adaptations straight away, but it is important that we have your views.

**7a** Has your home been adapted to suit your needs?

Yes ☐ No ☐

If you have answered 'Yes', please tell us what adaptations have been made.

Ramps ☐

Through Floor Lift ☐

Wet Floor Shower ☐

Specialist Bath ☐

Level Access Shower ☐

Lowered Kitchen Worktops ☐

Stair Lift ☐

External Lift ☐

Widened Doorway ☐

Downstair/Upstair Toilet ☐

Handrails - Where?

Modular Extension ☐

Other - please state



**7b** Would you prefer to stay in your own home if you could?

Yes ☐ No ☐

If you have answered 'No', please explain why?

**7c** If you have said you would prefer to stay in your own home what adaptations would it need?

Ramps ☐

Through Floor Lift ☐

Wet Floor Shower ☐

Specialist Bath ☐

Level Access Shower ☐

Lowered Kitchen Worktops ☐

Stair Lift ☐

External Lift ☐

Widened Doorway ☐

Downstair/Upstair Toilet ☐

Handrails - Where?

Modular Extension ☐

Other - please state

Have you been assessed by Social Work for these adaptations

Yes ☐ No ☐

If answered No, we will make a referral on your behalf.

**7d** Do you want us to consider you for any special type of housing, such as housing designed for elderly people or housing adapted for people with disabilities or support needs?

Yes ☐ No ☐

If you have answered 'Yes', please give us details.

## 8 Help

### Help

In this section, you should tell us if you get any regular help with managing your home, your household activities, your personal care, your job or any learning and leisure activities.

**8a** Do you get regular help/support from any of the following? if so how often eg weekly, monthly

A relative or friend ☐

An occupational therapist ☐

A social worker ☐

A health visitor ☐

A home help ☐

A district nurse or a community psychiatric nurse ☐

A voluntary organisation ☐

Other (please tell us who)





## 9 Your daily life

### Your daily life

In this section, you should tell us whether you have any problems with your day-to-day activities because of your health problem. Maybe you are recovering after being in hospital because of a mental-health problem, and you need to live somewhere you feel safe, with facilities nearby to help you recover.

**9a** Do you attend any clubs/organised events or have contact with friends and relatives

Yes ☐ No ☐

If answered 'Yes', please tell us who you have contact with and how often you have contact?

How would a move of house help with this?

**9b** Do you have difficulty getting to the shops and other places?

Yes ☐ No ☐

If you have answered 'Yes', please tell us what those difficulties are.

**9c** Do you have difficulty preparing and eating meals?

Yes ☐ No ☐

If you have answered 'Yes', does someone help you with this?

Yes ☐ No ☐

If you have answered 'Yes', please tell us who helps you and what meals do they prepare for you?

Meals	Who helps you?
Breakfast	
Lunch	
Dinner	
Supper	

## 10. Support

### Support in other areas of living

We are asking you about two types of support.

- Help with your daily life or personal care.
- Help so you can stay in your tenancy.

You may already get one type of support (or both). Or, you may not get either type of support and think you should.

Sections 10a to 10d are about the support you either get or need to help you with household or personal-care activities and the support you either get or need to help you keep your home. For example, making sure you can keep your home safe and secure, pay your bills on time and so on. In each of these sections you need to tell us what support you already have and what support you need.

**10a** Does anyone check on your general wellbeing on a regular basis?

Yes ☐ No ☐

If yes, who checks and how often do they check?

**10b** Does anyone provide you with general advice on daily living skills such as advice on cooking/ maintaining a tenancy?

Yes ☐ No ☐

If yes, how often do you need this advice and who provides this for you?

**10c** Outwith these checks do you get any further support?

Yes ☐ No ☐

If yes, who provides this support?

Name	Address and phone number	Details of the type of support

**10d** How often do you need support?

Every day ☐ Every week ☐ Every two weeks ☐

**10e** Please tick all that apply in the table below, to tell us if you receive or need to receive any of the following types of support to help you to stay in a tenancy.

	I already receive help with this		Will need help with this?
	Who helps you	How often do they help	YES/NO
General counselling and support (befriending)			
Cleaning and maintaining my home			
My personal care eg washing			
My personal safety and general wellbeing			
Advice and assistance to maintain health and wellbeing			
Going out to use services and facilities, and going out shopping			
Keeping in touch with friends			
Managing my money, paying my bills, and so on			
Managing mail or other correspondence			
Encouraging social interactions			
Keeping in contact with GP, community nurse, and so on and making sure attending appointments			

**10f** Please tell us any other information that you want to support your application

### Protecting your information

We will keep all the information you give in this form, and any documents connected with it, on a computer system for the common housing register. Your chosen partner landlords will be able to use this information to assess your housing need and will use it in line with the Data Protection Act 1998.

### Declaration

After you have filled in this form, please read through the following statements and sign at the bottom to show you understand and agree with them.

- You can contact my doctor, hospital consultant, health visitor or social worker if you need more information for my application for housing.
- My chosen landlords are able to see any information I give you, now or in the future.
- I will tell you if my circumstances change.
- All the information I have given you is true. If I give you any false information or do not tell you about any relevant information, you may suspend my application.
- If you give me a property because I have given you false information or I have not told you about any relevant information, you may end my tenancy.
- I have read and understand the section on the Data Protection Act 1998 (on page 24 of the application form) and agree to the conditions.

Signature of the person applying: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign here if you have filled in  
this form for the person applying: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us your relationship to the person applying: \_\_\_\_\_



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