



MEDICAL NEEDS

Priority Application Form

www.waverley-housing.co.uk



About the Health Assessment for Housing Scheme operating in the Scottish Borders

The Health Assessment for Housing Scheme has been developed by the local landlords within Scottish Borders – Waverley Housing, Berwickshire, Eildon and Scottish Borders Housing Associations, working in partnership with NHS Borders and Scottish Borders Council.

If your present accommodation is in any way affecting your health, all of the above participating landlords offer priority under this scheme.

Housing staff are responsible for carrying out Health Assessments and may require to visit you at your home for this purpose. Information provided on your health will only be accessed by those staff involved in assessing your application for housing priority. If you apply to more than one landlord for housing, any priority grade and recommendation will be shared between the participating landlords. This means only one Health Assessment requires to be carried out, causing less inconvenience to you, and the outcome will be shared between those landlords to whom you have applied.

Our aim is to complete any Health Assessment within 14 days of receipt of all relevant information. Where we have to obtain GP reports or reports from other professionals such as Occupational Therapists, this may take a bit longer to reach an outcome and relevant grade for priority.

There are five Health Assessment grades (A to E). Only grades (A, B and C) will qualify for priority with Waverley. Grade A will be given Gold priority, Grade B Silver and Grade C Bronze. If you are assessed as Grade D, this means that any move will have relatively minor health benefits and Grade 'E' recognises no health related benefits to moving. Grades D and E will therefore not qualify for priority with Waverley.



Priority is awarded as follows:

Grade A (Gold)

Where an applicant has a health problem and is unable to return to their home, or unable to continue living in their own home because they would not be able to gain access to essential facilities unaided and/or they are at significant risk of doing so, or due to significant and enduring mental illness they are unable to return or continue to live in their current home and/or environment, and it is not practical to adapt their home to meet their needs.

Grade B (Silver)

Where an applicant has a health problem and is living at home and they are unable to gain access to essential facilities unaided, and/or they would be housebound because they could not get out of their home unaided, or their mental illness severely restricts their ability to continue to live in their current home and/or environment and it is not practical to adapt their home to meet their needs.

Grade C (Bronze)

Where an applicant has a health problem and is living at home and becoming less able to get out of their home unaided, or they are becoming less able to cope in their current home and/or environment due to their mental illness, and it is not practical to adapt their home to meet their need.

Priority Limitations

Your Health Assessment will take account of your housing needs, so for instance if you are unable to manage stairs, then we can determine whether it is necessary for you to have a ground floor or level access property. If this is determined, then you would be expected to apply only for ground floor or level access properties. This is to ensure that any move will be sustainable and in your best interests.



APPLICATION NO:

MEDICAL NEEDS PRIORITY APPLICATION FORM

To allow us to consider any priority for a move on medical grounds, please provide the following information. If there is more than one member of your household moving with you who has medical needs, please complete a separate form for each.

Your response is strictly confidential and will only be used to assess your health priority for housing.

1. About you

Title _____ Name _____ Date of Birth _____

Address _____

Email _____ Contact No _____

Are you the main or joint applicant? Yes No

2. About the Person Completing This Form

If you are not the Main or Joint Applicant:

Please enter the name of the person completing this form _____

Please enter the address of the person completing this form _____

Please enter the relationship to the Main Applicant _____



3. Have you already filled in this form for Scottish Borders, Eildon or Berwickshire Housing Associations?

Yes

No

If yes to Question 3, you need only complete Questions 29 to 33, sign the declaration, chose the areas you wish to live in and return the application form to Waverley.

4. About Your Health Needs

Please tell us about your health problem(s) e.g. asthma, angina, stroke, mental illness, and the length of time you have suffered from the problem(s).

Condition 1 _____ Duration _____ Years _____ Months

Condition 2 _____ Duration _____ Years _____ Months

Condition 3 _____ Duration _____ Years _____ Months

5. About Your Mobility

Do you have difficulty walking? Yes No

If **yes** do you need any of the following to help you get around?

Walking Stick Walking Frame Wheelchair

If you use a wheelchair do you use it indoors or outdoors?

Indoors Only Outdoors Only Indoors and Outdoors

Details about your health conditions



6. Please give details of how your condition affects your daily life in your present home and surroundings:

7. Please give details of the impact of your condition on your family and carers and how this could be improved by a change of house:

8. Do you have regular contact/help from Social Work Services or from another source such as a voluntary agency? Yes No

If you have answered 'Yes' to this question please provide details of the services you use

9. Have you applied for priority on medical grounds before? Yes No

If you have answered 'Yes' to the previous question, when did you apply? _____

10. If your medical problem is not covered by any of the questions on this page please tell us how your housing is affecting your problem, and how you feel a move would help



11. Is your home: A Flat One Storey House Two or More Storey House

If you currently live in a flat, please tell us what floor it is on. Please tick one box,

Basement	Ground Floor	1	2	3
4	5	6	7	8

12. How many steps inside? How many steps outside?

13. Do you have difficulty climbing the stairs in your home? Yes No

14. Are there handrails on the stairs? If so, do you use? Yes No

Handrails on one side Handrails on both sides No handrails

15. Does your bathroom have any of the following?

A bath only Shower over bath Separate shower unit

16. Do you have to go upstairs to go to the toilet? Yes No

Do you have to go upstairs to go to the Bathroom/Shower? Yes No

Do you have to go upstairs to go to the bedroom? Yes No

17. Do you have any equipment to help you? Yes No

If your home has equipment/adaptions to help you, please describe what equipment/adaptions you have



18. Please describe the type of heating you have (i.e. gas boiler, overnight storage heaters etc.)

If your heating is causing your medical problems please describe them:

19. Does your home have dampness? Yes No

If your home has dampness please tell us which room the dampness affects and how the dampness affects your health

20. Do you have difficulty getting to the shops and other places?

Yes Some Difficulty No

Please tell us what these difficulties are

21. Do you need to stay in your current area to be close to a caring relative or friend?

Yes No



22. Do you need to move to be close to a caring relative or friend?

Yes

No

Please provide the name and address of your caring relative or friend:

Name _____

Address _____

23. Does your illness or disability mean you need an extra bedroom? Yes No

If your medical condition means that you require an extra bedroom please explain why

24. If not covered by the questions so far please give details here of why your accommodation is unsuitable

25. What type of accommodation do you think would be best for you?

26. Would you prefer to stay in your present home if you could e.g. by the use of adaptations?

Yes

No



27. Please enter the name of your family doctor

Name _____

Address _____

28. If you get regular support from anyone else (e.g. District Nurse, Community Psychiatric Nurse, Occupational Therapist, Hospital Consultant) please give their name and address:

Name _____

Address _____

29. Please enter the name and address of your landlord or person who owns your property

Name _____

Address _____

30. How long have you lived at you current address? Years _____ Months _____

31. Previous Address _____

32. Reason for leaving your previous address: _____



33. Was your home: A Flat One Storey House Two or More Storey House

If you lived in a flat, please tell us what floor it was on. Please tick one box,

Basement	Ground Floor	1	2	3
4	5	6	7	8

How many steps were inside?

How many steps were outside?



General Data Protection Regulation (GDPR) – CONSENT

How we collect your personal information and what we do with this is fully explained in our Privacy Policy and Fair Processing Notice provided.

You may have given us personal and sensitive information on your Priority Award Application.

We are collecting this information for the purposes of assessing if you qualify for a Priority Award. We may share your personal information with other Registered Social Landlords, or with a GP, Social Work, Environmental Health or other Local Authority department, the Armed Forces or any other specialist from whom we require further information in order to complete our assessment.

In signing below, you are declaring that the information provided by you is true, and your signed Consent is given to us to process and share any personal information you have provided in your Priority Award Application and Application for Housing, for the purposes of our assessment of your application for a Priority Award.

Confirmation

In order to assess your medical needs for re-housing we may require to obtain a report from your GP or other health professional or another housing provider.

We require your consent for this purpose, to enable your GP or other health professional or another housing provider to provide the relevant information to us, to enable your assessment to be completed. In signing the undernoted, you are providing this consent.

I confirm that the information given on this form is true, and also give my consent for the transfer of relevant information as outlined above, solely for the purpose of assessment of my medical needs for priority of a housing allocation. I understand that all information will be treated as strictly confidential and only be available to those who need to see it to assess my medical priority.

Signed _____

Main Applicant

Date _____

Signed _____

Joint Applicant (if applicable)

Date _____



PLEASE TICK ALL AREAS YOU WOULD CONSIDER MOVING TO

* this means that we have very few homes in this area and therefore turnover will be minimal

Galashiels:

- Balmoral
- Beech Avenue (incl. Larch & Laurel Grove/Hawthorn Rd)
- Croft Street *
- Gala Park
- Glendinning/Halliburton
- Lower Langlee
- Torwoodlee
- Tweedbank
- Upper Langlee

Hawick:

- Allars Crescent
- Bonchester Bridge *
- Burnfoot
- Fisher Avenue
- Mayfield
- Newcastleton *
- Silverbuthall
- Stirches
- Stonefield
- Weensland
- West End

Jedburgh:

- Ancrum *
- Allerley Crescent *
- Blair Avenue
- Bongate *
- Bountrees
- Brewster Place
- Grieve Avenue/Lothian Road
- Hartrigge*
- Headrig*
- Howdens (Rd/Dr/Cresc)
- Howdenburn Court
- Priors Road/Meadow

Kelso:

- Croft Road
- Eschiehaugh*
- Golf Course
- Heiton
- Inchmyre
- Morebattle*
- Orchard Park
- The Linn
- Yetholm *

Other:

- Bowden*
- Earlston
- Heriot *
- Lauder *
- Melrose
- Newtown St Boswells
- St Boswells
- Selkirk
- Stow*

Please return this from to:

Waverley Housing, 51 North Bridge Street,
HAWICK TD9 9PX

T: (01450) 364200

Email: customerservices@waverley-housing.co.uk

