

Medical Need Assessment

For Housing Applicants



Please use Adobe Acrobat Reader to fill in this pdf form. Adobe Acrobat Reader is free to download and install, please visit www.adobe.co.uk.

Please fill in and complete this pdf form, save it to your computer or smart device and email it to: customerservices@cannockchasedc.gov.uk

Medical Need Assessment

The Council's Medical Assessment Panel is made up of Senior Medical practitioners and Housing Officers and Support Group representatives. They will assess the medical circumstances of the application and determine the effect re-housing would have on the applicants. The Medical Assessment Panel will award using the Assessment Matrix on page 10 and will give one of the following awards:-

- **High Priority**
- **Medium Priority**
- **Low Priority**
- **No Priority**

This form should be completed if you think your home affects your medical condition.

The information provided on this form will be used by the Council's Medical Panel. It is important that you provide as much information as possible to allow a full assessment to be made of your case, including any supporting documentation.

If you have difficulty in completing the form, please contact the Allocations Team who can give you advice. Any incomplete forms will be returned.

The Medical Panel will make one of the following decisions

- Extra information is required to enable an assessment to be made.
- The priority awarded will be either High, Medium, Low or None.

You will be notified of the Medical Panels decision in writing.

Should you disagree with the panel's decision, you can request a review giving your reasons in writing and provide supporting evidence.

Applicants should not approach their doctor to complete this form



Housing Services Medical Need Assessment

1 Name and address of applicant

Postcode _____

Tel. No. _____

Application No. _____

2 Name of person with medical condition

Date of Birth _____

Occupation _____

2.1 Current Accommodation

(Please tick)

- Council Tenant H/A Tenant Private Tenant Lodger
- Owner Occupier No fixed abode

2.2 Type of Property Currently Occupying

(Please tick)

- House Flat Bungalow Bedsit Maisonette

Other _____

2.3 Bedrooms (Please tick)

- 1 2 3 4 5

Heating

- Gas Electric Solid Fuel

Housing Services Medical Need Assessment (continued)

2.4 Does your current accommodation have any adaptations?

Yes (If yes, please tick which below) No

Hand rail Wet room Stairlift Ramp Pendant alarm

Other _____

3 Mobility Restrictions

Can you walk independently? (please tick)

Yes No

If no, which of the following aids do you use?

Wheelchair Frame Sticks Other _____

Are you confined to a wheelchair? (please tick)

Yes No

Do you require assistance in accessing upstairs? (please tick)

Yes No

4 What financial help do you receive? Proofs of benefits to be attached

Personal Independence Payment

Care Component Rate: Low Middle High

Attendance Allowance: Low High

Mobility Component Rate: Low High

Medical Conditions Continued...

Proofs to be attached including doctors statement

5 Medical Conditions

Proofs to be attached including doctors statement

Medical Condition

--

Prescribed medication

--

How long

--

Housing Services Medical Need Assessment (continued)

5.1 How are your medical conditions affected by your current accommodation?

Supporting evidence to be provided

5.2 What type of property do you wish to move to?

5.3 Do you need a level access shower or any other adaptation?

OT report to be attached

5.4 Would this new property improve your health/medical condition? If so, how?

Help from others

If you have a care company please give company name address and telephone number

6 Do you have regular help from others with daily activities?

Yes If yes, please give details below

No

6.1 Support from Organisations

Name: _____

Agency: _____

Name: _____

Agency: _____

Name: _____

Agency: _____

Name: _____

Agency: _____

Declaration

To the best of my knowledge the information I have entered on this form is true. I give permission for the above information to be placed before the Council's Medical Panel.

I am aware that to give false information knowingly or recklessly may result in the Council cancelling my application or recovering possession of any tenancy that is granted to me and that in certain circumstances I may be liable to prosecution. (Housing Act 1985).

Signed _____ Date _____

Signed _____ Date _____

Note: In joint applications both parties must sign above

To be completed by Medical Panel only

	None	Low Band 3	Medium Band 2	High Band 1
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness/ learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment

Ground floor required Yes No

Level access required Yes No

Wet room required Yes No

Comments of Medical Panel

Review of Medical Decision

Registration No: _____

Applicant Name: _____

Applicant Address:

_____ Postcode _____

Original Decision:

Medical Panel Comments:

Signature: _____ Date: _____

Notes:

For office use only

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for handwritten notes.

Please return the completed application form to the following address:

Cannock Chase Council

Housing Office, Civic Centre, PO Box 28, Beecroft Road Cannock, WS11 1BG

Tel: **01543 462621**

Email: **customerservices@cannockchasedc.gov.uk**

This document can be provided in braille, on audio cassette tape/disk,
large print and in other languages on request to
Cannock Chase Council on **01543 462621**.

? =  **01543 462621**

How we use your personal information

The information provided will be used by Cannock Chase Council, who are the data controller. We will only share your information when necessary, with other departments such as Housing benefits, Council Tax, Environmental Health and external agencies such as Social Services, Staffordshire Police, NHS Choices, or where the law requires or allows us to. For further information please see: www.cannockchasedc.gov.uk/PrivacyNotice

Reset form to blank

Updated: May 2021