GUIDANCE ON APPLYING FOR PRIORITY REHOUSING ON MEDICAL GROUNDS

Important: Please read the following guidance notes before completing the application form.

This form is for applying for priority in obtaining re-housing on the grounds of medical need for someone who is already on a waiting list. If you have not yet applied for housing and therefore are not on a waiting list, you should apply now to Hull City Council.

(1) Please do not use this form if you wish to be re-housed for reasons other than medical grounds. Complaints about noise, disrepair, dampness, over-crowding infestation with vermin, harassment, vandalism, unreliable lifts and the upkeep of your home or garden should be taken up with Hull City Council.

(2) Please do not use this form if you wish to apply for Sheltered Accommodation or Warden controlled accommodation. If you seek this type of accommodation, please contact Hull City Council.

(3) Please do not use this form if you are homeless. Assessment for priority has to take into account details of your present accommodation and this cannot be done if you are homeless. Please contact Hull City Council if this applies to you.

(4) Please complete the form as fully and accurately as possible. The application will be assessed on the information provided and any other relevant information that may result from further inquiries should any be necessary. If you wish to have any supporting documents considered, please submit them with the application form. We do not automatically contact doctors or hospitals (please read the declaration in Section 5 of the application form).

Priority is granted on the grounds of medical need, and will only state the type of accommodation as recommended to the Housing Department or Association. We are unable to specify the area of any recommended accommodation, nor influence the proximity of accommodation to relatives, shops, public transport etc.

Please answer the questions by ticking relevant boxes or completing all sections that are applicable. If you need more space, please use a separate piece of paper and attach it to the application.

Please keep this guidance sheet for your information and send the application form on completion to:

Medical Officer
Housing Medical Priority Section
Brunswick House
Strand Close
HULL
HU2 9DB
Tel: (01482) 616399

You may appeal against any decision after 6 months or earlier if there has been a significant change in the details contained in your application.
### Section 1: Applicant Details

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Mr/Mrs/Ms/Miss</th>
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<tbody>
<tr>
<td>First name(s):</td>
<td></td>
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<tr>
<td>Home Address:</td>
<td></td>
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<tr>
<td>Home Phone Number:</td>
<td></td>
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<tr>
<td>Post Code:</td>
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<tr>
<td>Ethnic Group</td>
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1.1 Did anyone suggest you apply for priority on medical grounds?  
- Yes [ ]  
- No [ ]  

If you answered Yes, who suggested you apply?  
- Housing Officer: ________________________________ Telephone No. ______________
- Health Visitor: ________________________________ Telephone No. ______________
- Social Worker: ________________________________ Telephone No. ______________
- Other: ________________________________ Telephone No. ______________

Have you been assessed by an Occupational Therapist?  
- Yes [ ]  
- No [ ]

Have arrangements been made for you to be assessed by an Occupational Therapist?  
- Yes [ ]  
- No [ ]

1.2 Who is the family doctor of the person who has the medical condition(s)?

<table>
<thead>
<tr>
<th>Name:</th>
<th>Dr.</th>
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<tbody>
<tr>
<td>Address:</td>
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</table>

1.3 Does the person with the medical condition(s) receive any of the following services?  
- [ ] Home Help
- [ ] District Nurse
- [ ] Other (please specify) ________________________________

1.4 Is the person with the medical condition(s) currently in hospital?  
- Yes [ ]  
- No [ ]

If you answered Yes, please complete the following:

<table>
<thead>
<tr>
<th>Hospital Name:</th>
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<tr>
<td>Date of Admission:</td>
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<tr>
<td>Consultant in Charge:</td>
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</table>
Section 2: Current Accommodation

2.1 What type of property is your current accommodation? (tick one only)

- House
- Flat
- Maisonette
- Bungalow
- Bedsit
- Other (please give details)__________________________

2.2 If your current property is a flat (or maisonette), which floor is it on?

- Ground Floor
- 1st Floor
- 2nd Floor
- 3rd Floor
- Other Floor (please state which floor)__________________________

2.3 If your current property is a house, does it have a stairlift or similar device?  

- Yes
- No

2.4 If your current property is a flat (or maisonette), and is not on the ground floor, is there a lift in the building?  

- Yes
- No

2.5 How many bedrooms are there in the property?  

2.6 Where are there toilet facilities in the property?

- Outside
- Yes
- Upstairs
- Yes
- Downstairs
- Yes
- On same level
- No
- No
- No

2.7 Do you have central heating in the accommodation?  

- Yes
- No

2.8 How long have you lived in the property?

- Years__________________________
- Months__________________________

2.9 Do you own, (or are you purchasing) the property?  

- Yes
- No

If you answered NO, who is responsible for the property?

- Local Council
- Private Landlord
- Housing Association/Trust
- Company
- Other (please give details)__________________________
2.10 If you have lived in the property for less than 10 years, please state all addresses you inhabited in the last 10 years starting with the most recent first:

<table>
<thead>
<tr>
<th>Address:</th>
<th>Resident from:</th>
<th>Resident to:</th>
<th>Description (e.g. house, ground floor flat etc)</th>
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Section 3: Occupant Details

Please give the details requested below on everyone who lives in the property and **START WITH YOURSELF**

*Please make sure you have completed your Date of Birth*

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name(s)</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Relationship to applicant</th>
<th>Occupation (if still working)</th>
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<td>Self</td>
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Section 4: Health Details

We do not want to know all the illnesses the occupants have had, just the important ones that may have a bearing on your housing requirements.

<table>
<thead>
<tr>
<th>Name of person whose health is causing concern</th>
<th>Nature of Illness</th>
<th>Length of illness</th>
<th>Current Medication/ treatment</th>
<th>Way in which your present accommodation (or property) affects your health</th>
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4.1 Please give details of any specialist/ consultants from which you are receiving help or treatment below.

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<th>Name:</th>
<th>Position:</th>
<th>Hospital:</th>
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</table>
4.2 Do you need to use a wheelchair:-
   No ☐  Indoors ☐ Outdoors ☐

4.2a if so are there any barriers to using it in the house  Yes ☐  No ☐

4.3 When you walk do you need
   1 Stick ☐  2 Sticks ☐  Crutch ☐  Frame ☐  Help from another person ☐
   Unable to walk ☐  None ☐

4.4 When you go up or down stairs do you need:-
   1 Handrail ☐  2 Handrails ☐  Help of a person ☐  unable to walk up stairs ☐
   None ☐

If you have any other information relating to your application that you wish to have considered, please give details in the space below. (Continue on a separate sheet of paper if necessary):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Section 5: Declaration

Please read the following paragraph and sign the form if you understand and agree with it.

I have read the guidance notes accompanying this form and wish to apply for priority for Re-housing on medical grounds. I hereby consent to a doctor (or his representative) on behalf of Re-housing on Medical Grounds obtaining any further medical details (including information on X-rays and other examinations) concerning myself or my family if such information is thought to be necessary by the doctor assessing this application.

I declare that the information I have given on this form is correct and complete. I agree to Re-housing on Medical Grounds sharing details of my application with any relevant agency on a confidential basis.

Signature _____________________________________ Date __________________________

Please return this form to:-  Medical Officer
                              Housing Medical Priority Section
                              Brunswick House
                              Strand Close
                              HULL
                              HU2 9DB

                              Tel: (01482) 318646