

Housing Applications Team
Adult Social Care and Housing
South King Street
Blackpool FY1 4TR
Tel: 01253 477980
Fax: 01253 477766
Email: housing.allocations@blackpool.gov.uk



Health and Disability Details

You only need to complete this form if:

- **your health or the health of the people moving with you is affected by your current housing, OR**
- **you or a member of your household is disabled, OR**
- **you or anyone moving with you requires any adaptations.**

In order for your application to be fully considered you must complete all sections of this form. This will allow us to deal with your application accurately and fairly and to make sure you are registered for the accommodation that best meets your needs.

Please fill in a separate form for each person whose health is affected by where they live, is disabled, or who require any special equipment or adaptations.

This form is part of the housing application and will be kept on file.

You may wish to ask a health professional to support your application although **this is not essential. You should note that doctors might charge a fee to complete the form.**

We have provided a tear-off page with this form for your use.

1. Your details

Title	Surname	Forename (s)
Your Current address		
Date of Birth		

2. How is your present accommodation affecting your health or disability?

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3. How would your health or disability improve if you moved to more suitable accommodation?

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4. What is your medical condition?

5. Please give details of any treatment or medication you are receiving.

6. Walking

Can you walk on your own?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you walk with the aid of a stick or crutches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use a wheelchair inside your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use a wheelchair outside your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. Stairs

Are you able to climb stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you manage one/two steps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. Where is your toilet?

Outside Upstairs Downstairs Upstairs and downstairs

9. Can you use a bath?

Yes No

If not, please tell us why not?

10. Do you have any disabilities?

Yes No

11. What is your disability?

12. Are you getting any of the following benefits? (Please tick and enclose a copy of your confirmation letter)

DLA - Mobility Low High

DLA - Care Low Middle High

13. Do you have any adaptations or special equipment in your current property?

Yes No

If yes, what are they?

14. Will you need any adaptations in a future property such as a stair lift, level access shower etc

15. If your current property could be adapted, would you prefer to stay where you are?

Yes No

16. Have you been assessed by an Occupational Therapist?

Yes No

If yes, please give details

17. We may wish to contact your Occupational Therapist, please provide their contact details and sign below to give your consent.

Occupational Therapist's name	
Address	
Telephone number	
Your signature	

18. Do you receive a support/care package?

Yes No

If yes, please give details of the provider

19. Do you have a carer?Yes No

Carer's name

Address

Telephone number

I/we understand that if I/we have been granted a tenancy on the basis of a false statement, that Blackpool Council can seek possession, which would result in my/our eviction.

I/we understand if false information or statement has been provided, this may result in suspension, removal or exclusion from the Housing Register.

I/we understand it is a criminal offence for anyone applying to the Council to be allocated housing to knowingly or recklessly give false information relating to their application, or to knowingly withhold information in relation to their application which the Council has reasonably required them to give. A person convicted of such an offence is liable to be punished by a fine not exceeding level 5 on the Standard Scale (£5000).

Signature (to be signed by applicant)

Date

Healthcare Professional's Information

Applicant Details

Title	Surname	Forename (s)
Your Current address		
Date of Birth	Age	

Applicant Consent

I hereby authorise my Healthcare professional to release any details of my health, which are relevant to my Housing Application to Blackpool Council.

Signature (to be signed by applicant)

Date

Dear Healthcare Professional

The above has applied to us for housing and has indicated that their current housing is affecting their health and/or disability. We would be grateful if you could comment on this by answering the following questions. This will enable us to assess your patient's application accurately and fairly and make sure they are registered for the accommodation that best meets their needs. Please contact us if you require any information about their current housing.

1. What are your patient's current health and/or health needs?

2. How is your patient's current housing detrimental to their health or disability?

3. What effect would remaining in their current housing have on your patient's health and/or disability?

4. What do you feel would be the best type of housing to meet your patient's health and/or disability needs (e.g. ground floor, additional bedrooms)?

5. Do you have any other relevant comments?

Name _____

Contact details _____

In what capacity do you know the applicant _____

Signature

Date

THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS FORM, WHICH MAY BE RETURNED VIA YOUR PATIENT, OR DIRECTLY TO:

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