



Housing Application Medical Form

APPLYING FOR HOUSING WITH HILL HOMES

GUIDANCE ON PROVIDING SUPPORTING MEDICAL INFORMATION

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

This form is for applying for priority in obtaining housing with Hill Homes on the grounds of medical need. If you have not yet applied for housing, or been referred by someone else (such as your current landlord or social services), **you should complete a Hill Homes Housing Application Form to accompany this medical form.**

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, overcrowding or infestation with vermin should be taken up with the Environmental Services Department of your local Council or your Housing Officer if you live in council or housing association housing currently.
2. Please do not use this form unless you wish to apply for Hill Homes Sheltered or Extracare Accommodation.
3. Please complete the form as fully and accurately as possible. You will need to ask your GP to complete sections 4 – 10 and then you will need to sign and date the final page. 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.

Supporting medical information is useful for assessing your application for housing. However, it does not guarantee any offer of accommodation at one of the Association's schemes.

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

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

***Hill Homes
2-4 Broadlands Road
Highgate
London N6 4AN***

MEDICAL SUPPORT STATEMENT – REHOUSING APPLICATION

Surname:		Mr/Mrs/Ms/Miss
First name(s):		
Home Address:		
		Postcode
Home Phone No.		
Email Address:		

1. Did anyone suggest you apply for priority on medical grounds? Yes

No

2. If you answered Yes, who suggested you apply?

Housing Officer		Tel No./Email	
Health Visitor		Tel No./Email	
Occupational Therapist		Tel No./Email	
Social Worker		Tel No./Email	
Other		Tel No./Email	

3. Who is your GP?

Name:	Dr.
Address:	
Telephone No.	

Please pass this form to your GP to complete the questions 4 - 10. Please note we cannot accept forms that are not completed by a registered doctor.

4. Does the applicant receive any of the following services?

Home help

District nurse

Other (please specify) _____

5. Is the applicant currently in hospital? Yes

No

6. If you answered Yes, please complete the following:

Hospital Name:	
Date of Admission:	
Consultant's Name:	

Health Details

Please list those health conditions that currently have or may in future have a bearing on their housing requirements.

If the health condition affects someone other than the main applicant please tell us.	Nature of illness	Length of illness	Way in which the present accommodation (or property) affects health.

7. Does anybody in this application need to use a wheelchair:

No

Indoors

Outdoors

(please tick all that apply)

8. If the answer to 7 was Yes, are there any barriers to using it in the current accommodation?

Yes

No

8a. Please give details:

9. When walking, is it necessary for applicant to use:

1 stick

2 sticks

crutches

frame

None

help from another person

unable to walk

10. When going up or downstairs does the applicant need:

1 handrail

2 handrails

help of another person

Unable to walk upstairs

None

If there is any other information regarding the application that you feel we should consider, please give details below, and continue on a separate sheet if necessary.

GP Practice Stamp	GP Signature

Applicant Declaration

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

I wish to apply for housing and would like my medical information taken into account to support my application. I hereby consent to Hill Homes or their representative contacting my doctor and obtaining any necessary supporting medical documentation.

I understand and consent to Hill Homes if necessary contacting their own doctor in assessing the information provided on this form.

I understand that this information will only be used for the purposes of assessing my application for rehousing on medical priority grounds and will be kept confidential and not disclosed to any other third party without my express written permission.

I understand that if I provide any information which I know to be false to enhance my priority for rehousing, I may have my application or any offer of accommodation withdrawn without notice. I also understand that if I obtain accommodation by providing knowingly false information, I risk losing my tenancy.

Signature: Date: