



HOUSING & PUBLIC PROTECTION DEPARTMENT

Special Needs and Medical Assessment Form

This is a special needs and medical assessment form to give us additional information about your need for re- housing. If you would like a copy in another language or format please ask your local housing office.

Mae hon ydy ffurflen anghenion arbennig ac asesiad meddygol i rhoi mwy o wybodaeth i ni am yr angen i'ch ailgartrefu. Os hoffech gael copi mewn iaith neu arddull arall, gofynnwch yn eich swyddfa dai leol.

Oto formularz oceny potrzeb specjalnych oraz oceny medycznej w celu uzyskania dodatkowych informacji uzasadniających konieczności przyznania wnioskodawcy nowego mieszkania. Osoby pragnące uzyskać egzemplarz w innym języku lub w innym formacie prosimy o zgłoszenie się do lokalnego biura mieszkaniowego.

Isto é um formulário para as necessidades especiais e a avaliação médica para dar – nos informação adicional sobre a sua necessidade para uma residência do conselho. Se você gostar duma cópia ou numa outra lingua ou num outro formato podem por favour o seu escritório local.

Toto je formulář pro stanovení zvláštních potřeb a lékařské péče, který slouží pro získání doplňujících informací o vaší potřebě změny ubytování. Pokud si přejete kopii v jiném jazyce nebo formátu, požádejte o ni svoji místní ubytovací kancelář.

رایتخا رد ددجم ناکسرا یارب امش زاین دروم رد یرتختی تاجال طلا مک دشواب یم یکتخترب و صراخ یاهزاین یبایزرا درف کی نی
دردیگ رارق امش زاین تاجا رد رگی یبایزرا رد ای رگی یبایزرا حب درف نی زا یا هخسن دیلیام مک یبکروص رد دهد یم رارق ام
دیوان نسواوخ رد دوخ یلجم نکسرم رتخد زا افطل

Kani foom loo buuxinayo baahida gaaarka ah iyo qiimeyn caafimaad si ay noo siiso akhbaar dheeraad ah oo ku saabsan baahidaada ah mar kale guri u helid. Haddii nuqul luqad kale ama nooc qoraal oo kale aad u baahantahay fadlan weydiiso xafiiska guryaha ee agagaarkaaga ah.

Bu form, yeni konut ihtiyaçlarınız hakkında ilave bilgi vermeniz için düzenlenen bir özel ihtiyaçlar ve sağılık değerlendirmesi formudur. Başka bir dilde veya formatta bir suretini almak isterseniz, lütfen yerel konut ofisinize başvurun.

Please complete this form if you have completed an application for Council accommodation and wish to give us further details about any health or social care problems which are affected by your current housing or make your current housing unsuitable.

Points will only be awarded where rehousing would substantially help and reduce your current problems.

If you do not complete the form fully or provide all the supporting evidence we require, we will not be able to process your form and will return it to you.

Please return your completed form to your local housing office together with the supporting evidence we require. The “Help” box gives advice on completing each section, but if you need any further assistance or help to complete the form, please do not hesitate to ask at your local office.

To find out more about what happens to your application when we receive it please read our “Applying for Housing” leaflet.

1. Your Details

	Full Name	Date of Birth
Applicant		
Joint Applicant		

Address

Post Code

Tel. No.

Name /s of the person/s with health and social care needs

Their address (if they don't live with you)

Their relationship to you

Please complete this form with details of this person / these persons

2. Current Housing

Please tell us in your own words how this person's health and social care needs are affected by their/your current housing.

How would a move to different accommodation improve the situation?

Please tell us about the rooms in their home

	Upstairs	Downstairs
Number of bedrooms		
Number of bathrooms		
Number of toilets		
Number of living rooms		

Do they have: a bath
a shower
Both

If they only have a bath do they have difficulty using it? Yes No

Help

You should complete this form about the person who has the health or social care need, for example yourself or a member of your household who need to move to more suitable accommodation, or someone who doesn't currently live with you but you need to move closer to in order to support them.

Help

Points are only awarded where re-housing would greatly help to solve their problems.

We ask these questions to find out why the property they currently live in is not suitable for their needs.

	Yes / No	If yes, how many?	Do they have difficulty climbing them? Yes / No
Are there any steps at their front door or up to their home?			
Are there any steps inside their house?			

Please tell us about any existing or proposed adaptations that have been made, or which are going to be made, to their current home (✓):

	In Place	Applied for	Accepted	Refused
Ramped level access				
Doors widened				
Level access shower				
Stair lift				
Other fixed adaptation				

If other, please describe

Is there a lift in their current building? Yes No

Is the area around their home level? Yes No

If no, please give details

Help

“In Place” = the adaptation has been completed
 “Applied for” means that it’s been applied for.
 “Accepted” means that confirmation has been received that it will be fitted.
 “Refused” means that it cannot / will not be fitted.

3. Health Problems

Please tell us about any physical and/or mental health problems from which this person / these people suffer

Name	Main illness	Other illnesses	Medication taken

Help

We use this information to understand their health problems.

If noise, stress or tension affects this person / these people, please tell us who and how

		Name	
What causes the noise, stress or tension?			
What action has been taken?			

Do they use any of the following aids? (✓)

		Name	
Walking frame			
Wheelchair – indoors			
Wheelchair – outdoors			
Walking stick			
Other aid			

If other, please describe

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4. The Help Received

Please give details of anyone who is registered as their carer

Name	Address	Contact Tel No	Relationship to them

Does this person have access to a car? Yes No

Does anyone have or receive any of the following? (✓)

		Name	
A disabled parking disc			
A travel concession award or taxi card			
Disability living allowance – care component			
Disability living allowance – mobility component			
Severe disablement allowance			
Attendance allowance – higher rate			
Attendance allowance – lower rate			
Payments from the Independent living fund			



Please provide us with proof that these payments / concessions are received

Please tell us about what support services are received

	Name, address and telephone number of Support Worker	How often is this service received?
Community Mental Health Team		
Day Care / Hospital		
District Nurse / Health Visitor		
Community Drug / Alcohol Team		
Doctor		
Home Care / Support Worker / Project Worker	Not Required	
Meals on Wheels		
Occupational Therapist		
Social Worker/Care Manager		
Consultant Psychiatrist		
Other (please describe)		

! Please provide us with proof that they receive this support

5. Supporting Evidence

We need you to provide us with proof of the services and support that are received. Please ensure that this information is enclosed with your completed application form. If anything is missing we will not be able to process your application and will return it to you. Officers in your local housing estate office will be happy to photocopy the original documents for you.

Please tick to indicate what evidence you are providing (✓):

- Proof of concessions** – parking disc, travel card etc.
- Proof of benefits** - correspondence relating to benefits received
- Proof of support services** - letters confirming appointments, confirmation of support service charges or receipts for support payments

Data Protection Notice

- Wrexham County Borough Council will use your personal information (as provided by you in this application form and any additional information which you may give the Council for this purpose in the future), for all purposes in connection with your application for housing and for administration of your tenancy if you are successful.
- Wrexham County Borough Council may disclose this information for these purposes to service providers and agents who carry out services on behalf of the Council.
- By signing this form you consent to Wrexham County Borough Council processing your sensitive personal information for these purposes. Sensitive personal information can include health, ethnic origin or criminal record.
- You have a right to ask for a copy of your information (for which we may charge a small fee) and to correct any inaccuracies in your information.



Declaration for Housing

I / We (the Applicant / Joint Applicant) declare that:

- Wrexham County Borough Council may make the necessary enquiries in connection with any information given by me / us in order to verify it. I / We give permission for information to be disclosed to Wrexham County Borough Council by my current or previous landlords, health and support agencies, statutory bodies (such as the Police or Social Services) and any other relevant professional or individual.
- I/we understand that since the Council must protect the public funds it handles, it may use the information I/we have provided on this form to prevent and detect fraud. The Council may, therefore, share this information and compare it with Departments within Wrexham County Borough Council and other Organisations for this purpose, such as the Department for Works and Pensions.
- The information given on this form is true and I/we acknowledge the Council's right to verify all the information given. The Council will take legal action to end any tenancy which they have granted me / us as a result of a false or misleading statement made by myself / ourselves
- Failure to keep the Council informed of any changes in my / our housing circumstances may affect my / our position on the housing register or result in my / our applications being cancelled. I / We must notify the Council of any changes.

Applicant's Signature Date

Joint Applicant's Signature Date

If you are completing this form on behalf of the applicant / joint applicants, please give your details below.

Name

Signature Date

Organisation / Relationship to Applicant

Contact Tel. No.

HOUSING DEPARTMENT OFFICE USE ONLY

Date Received (Date Stamp)

Is the form fully completed?

Yes No

Has all the relevant evidence been enclosed?

Yes No

If no to either of the questions above, date form returned to

Date form returned from applicant

Date sent to Health & Social Care Panel

Housing Office

Details of visit / Housing Officer comments

Health & Social Care Panel comments

Date of meeting

Points awarded

Date added to application