

Medical Assessment Form

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How we assess medical application forms.

The award of medical points based on medical categories of Physical A and B, and Mental Health A and B, plus category C, seeks to allow applicants to access housing which is more suited to their medical condition. At all times the award should be made in the context of it improving the quality of life of the applicant by accessing more suitable housing. Applicants will be asked to complete a self-assessment medical application form which will request details of the applicants:

- **Medical condition**
- **Current accommodation**
- **Accommodation that would be suitable for their medical needs**

The points will be awarded based on the applicant's present accommodation by its design, condition or location, which adversely affects the medical or mobility condition. The level of priority and points will be based on the unsuitability of the property in relation to the applicant or household member's medical condition. In addition, we will consider the type of property that would be suitable for the applicant's needs in our award of medical points. The key consideration in the award of medical points is not the medical condition itself but whether the medical condition will be wholly or partly alleviated by rehousing.

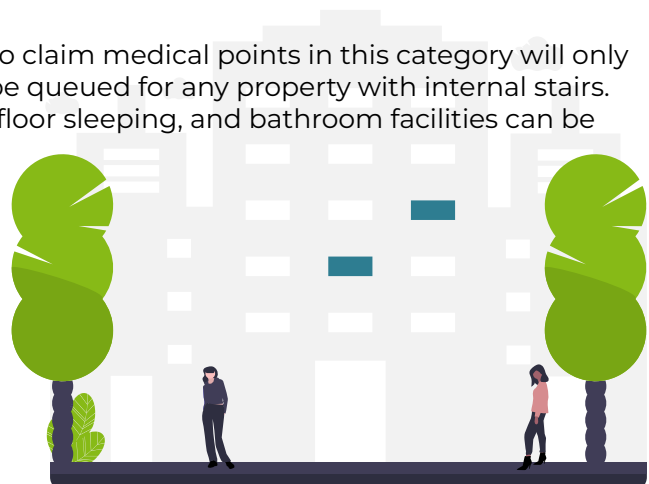
A separate medical self-assessment form should be completed for each household member to be considered for medical points and submitted at the time of the application for re-housing or when medical problem arises. The Association may ask for supplementary information to be provided where appropriate. However, conscious of the current stand by GP practices in Glasgow as articulated by the Glasgow Local Medical Committee (GLMC), we will seek so far as is possible to avoid any GP involvement. Wherever possible and appropriate we will seek evidence and expert opinion from such as Occupational Therapists, CPNs and by requesting proof of benefit awards. Any appointment letters (ongoing) or reports from such as hospital outpatient clinics are also useful in determining medical awards. The Association will reserve the right to seek medical advice / proof in exceptional cases.

An applicant or member of their household may be awarded medical points based on the person with the greatest need. Only 1 medical award can be claimed per application. The Association makes best use of its' housing stock, for example we allocate ground floor all on one level accommodation or adapted properties to cases with medical needs.

Physical Category A

Applicants will be largely housebound in their existing accommodation suffering a severe health and/or mobility problem.

The default position is that all applicants wishing to claim medical points in this category will only be queued for ground floor property and will not be queued for any property with internal stairs. However, the presence of a stairlift and/or ground floor sleeping, and bathroom facilities can be considered.



Physical Category B

Applicants will have moderate health and or mobility problems which is adversely affected by current housing.

All applicants wishing to claim medical points in this category with a mobility problem will be offered accommodation at a maximum of first floor level and all on one floor. However again the presence of a stairlift and/or ground floor sleeping and bathroom facilities can be taken into account as can a significant reduction in the number of stairs which the occupant would require to manage compared to current accommodation.

Mental Health Category A

Applicants will have severe mental health problems.

There will be no restrictions placed on house types queued for.

Mental Health Category B

Applicants will have moderate mental health problems.

Medical Category C

Applicants will require sole use of a bedroom due to a medical condition, and that cannot be facilitated by existing accommodation.



Section 1: Personal Details

Name: _____

Gender: Male Female (Please select)

Address: _____

Date of Birth: ____ / ____ / ____

Relationship to Main Applicant: _____

Section 2: Medical Details

1. What is your medical condition?

2. Please describe how your present house is unsuitable for your medical condition.

3. Is your medical condition temporary or permanent? Please give details:

4. Are you currently taking any medication? If yes, please give details:

5. Do you have any difficulty with walking?

Yes No

If yes, do you use any of the following aids (please tick appropriate box):

Walking Stick Crutches Zimmer Frame Wheelchair

6. Does your current home have any special equipment, aids or adaptations? For example, handrails, bath aids, level access shower or similar.

Yes No

If yes, please give details:

7. Are you currently waiting on any special equipment being fitted?

Yes No

If yes, please give details:

8. Can you manage stairs?

Yes No

If yes, how many can you manage comfortably?

9. Does your condition mean that you need an extra bedroom?

Yes No

If yes, please give details:

10. Does your current accommodation have a lift?

Yes No

Section 3: Your Current Accommodation

1. Do you have a bathroom on the same level as your living area?

Yes No

2. Does your house have internal stairs?

Yes No

3. Are there any outside stairs or steps to your house?

Yes No

If yes, please tell us how many stairs there are:



4. Please describe the location of your house (e.g. in a hilly area, level site etc.)?

5. What floor level is your home on (e.g. 1st floor, 2nd floor, ground floor etc.)?

Section 4: Other Information

1. What is the name and address of your family Doctor (GP)?

Doctor (GP): _____

Address: _____

Contact No. : _____

2. Do you have an Occupational Therapist, Social Worker or CPN?

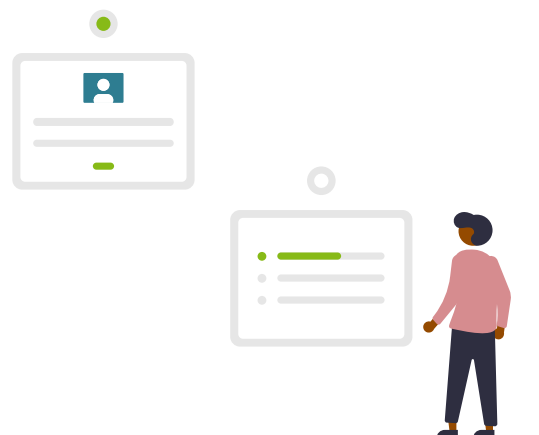
Yes No

If yes, please give details:

Name: _____

Address: _____

Contact No. : _____



3. Are you in receipt of any benefits for your medical conditions?

Section 5 : Declaration – General Data Protection Rules

We are committed to handling and using the information that you provide in this form to the strictest, secure and most confidential standards in accordance with data protection laws. We will ensure that access is restricted to only relevant staff members as part of the housing application and allocation process, and we will not share any of this information, unless we are legally permitted or required to do so. This includes sharing this information in statistical format with the Scottish Housing Regulator, if required. We will not keep this information for longer than we need it and will securely destroy it when it is no longer required.

You do not need to answer every question, but by answering as many questions as possible, you will help us meet your needs better. We provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want. The following sets out important details about why and how we handle and use this information. Please read it carefully before completing the form. Please contact us if you do not understand something or if you require further information.

Why do we collect equality information?

We use equality information for a range of purposes, including to help us to:

- Plan and deliver an effective housing application and allocations process;
- Meet our legal and regulatory obligations;
- Understand who is applying for homes;
- Protect and promote your rights and interests throughout the housing application and allocations process;
- Promote equality objectives throughout the housing application and allocations process and assess the impact of the activities, policies and practices that we adopt in promoting such objectives;
- Take account of religious beliefs as part of the housing application and allocations process, where necessary;
- Address, with sensitivity, the needs of trans individuals as part of the housing application and allocations process;
- Identify and address our housing applicants' needs, and improve our housing application and allocations process, where required;
- Identify, address and eliminate any form of discrimination as part of the housing application and allocations process; and help plan for the future.

What is our legal basis for handling and using equality information?

Data protection laws require us to have a legal reason for handling and using equality information. Our legal reasons are:

To comply with the laws that apply to us. This includes equalities and human rights legislation and the legal duty to eliminate unlawful discrimination contained in the Scottish Housing Regulator's Regulatory Framework, which requires us to collect equality information your explicit consent. By answering the questions in this form and returning the form to us, you are providing your explicit consent to us handling and using the information you provide in the ways outlined in the "Why do we collect equality information?" section (above). You have the right to withdraw your consent at any time by contacting us; and that the handling and use of equality information is necessary for reasons of substantial public interest for the purposes of identifying and keeping under review the equality of opportunity or treatment between groups of people to enable such equality to be promoted or maintained. This only applies to equality information: revealing racial or ethnic origin; revealing religious or philosophical beliefs; regarding health; and relating to sexual orientation. It only concerns the following groups of people: people of different racial or ethnic origins; people holding different religious or philosophical beliefs; people with different states of physical or mental health; and people of different sexual orientation.

Consent

By completing and submitting this form, you consent to us handling and using the personal information you provide in this form as set out in the "How we use the information in this form" section (above). You can withdraw your consent at any time by contacting us.

Signature - Lead Tenant: _____ Date: ____ / ____ / ____

Signature - Joint Tenant: _____ Date: ____ / ____ / ____

For monitoring purposes please complete the Equal Opportunities and Monitoring form – in Part 2 of the Application.



Part 2 – Equalities Monitoring Information

Parkhead Housing Association Ltd is committed to ensuring the promotion of equality of opportunity as a landlord and employer. Parkhead Housing Association understands the importance of monitoring as well as implementing equal opportunities policies. Furthermore, you are requested to complete this form.

Completing the questions is a voluntary and the information that is collected is used to ensure fair access services only. The information is for statistical and reporting purposes only and will have no bearing on your housing application and information below is strictly confidential.

This section of the application should be returned along with Part 1.

Sex:

Male Female Intersex Non-binary Prefer not to say

If you prefer to use your own gender identity, please write here: _____

Is the gender you identify with the same as your gender registered at birth?

Yes No Prefer not to say

Gender reassignment:

N/A Trans male Trans female Prefer not to say

Age:

16-24 25-29 30-34 35-39 40-44 45-49 50-54
55-59 60-64 65+ Prefer not to say

Race/Ethnicity:

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Black, African, Caribbean or Black British

African Caribbean Prefer not to say

Any other Black, African or Caribbean background, please write here: _____

Mixed or Multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say

Any other Mixed or Multiple ethnic background, please write here: _____

White

- English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background please write here: _____

Other ethnic group

- Arab Prefer not to say Any other ethnic group, please write here: _____

Disabilities:

Do you consider yourself to have a disability or health condition?

- Yes No Prefer not to say

If yes to the above, what is the effect or impact of your disability or health condition on your application?

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please let Parkhead Housing Association know when applying.

Sexual orientation:

- Heterosexual Gay Lesbian Bisexual Asexual Pansexual
Undecided Prefer not to say

If you prefer to use your own identity, please write here: _____

Religion or Belief:

- No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say

If other religion please write in: _____

Pregnancy & Maternity:

Are you pregnant? Yes No

Have you had a baby in the last 6 months? Yes No

Marriage & Civil Partnership:

- Single Married Civil Partnered Prefer not to say