

Unified Health Assessment for Housing



Health Assessment for Housing

This Health Assessment for Housing process has been developed by the landlords participating who are: Berwickshire Housing Association; Eildon Housing Association; Scottish Borders Housing Association and Waverley Housing in conjunction with NHS Borders and Scottish Borders Council.

If your health is affected in some way by your present accommodation all of the participating landlords offer priority for re-housing.

Health Assessments are carried out by housing staff who may visit you at home. The assessment, final grade and any recommendations will be shared between the participating landlords. Therefore, if you apply to Berwickshire Housing Association Eildon Housing Association, Scottish Borders Housing Association or Waverley Housing, usually only one assessment will be made and the outcome shared between all organisations.

We aim to complete the assessment process within two weeks of receipt of all relevant information. When we have to obtain reports from other professionals, such as Occupational Therapists, Community Psychiatric Nurses, General Practitioners etc. it may take longer.

Priority is awarded as follows:

Grade A (40 Points / Gold Pass)

- Where an applicant has a health problem and is unable to return to their home,
- or unable to continue living in their own home because they are not able to gain access to essential facilities and/or they are at significant risk.
- or due to significant and enduring mental illness they are unable to return or continue to live in their current home and/or environment
- and it is not practical to adapt their home to meet their needs.

Grade B (30 Points / Silver Pass)

- Where an applicant has a health problem and is living at home and they are unable to gain access to essential facilities unaided,
- and/or they would be housebound because they can not get out of their home unaided,
- or their mental illness severely restricts their ability to continue to live in their current home and/or environment
- and it is not practical to adapt their home to meet their needs.

Grade C (20 Points / Bronze Pass)

- Where an applicant has a health problem and is living at home and becoming less able to get out of their home unaided,
- or they are becoming less able to cope in their current home and/or environment due to their mental illness
- and it is not practical to adapt their home to meet their needs.
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Priority will be awarded for accommodation which meets your needs

(for example, if you are unable to manage stairs, priority will be awarded only for ground floor or level access accommodation, or, if you need to live near a carer, priority will only be awarded for properties close to your carer).

To apply for this priority, please complete this form.

Please answer the following questions, so that we can assess your application for re-housing on health grounds. A separate form should be completed for each person who is applying for priority on health grounds.

Your replies are strictly confidential and only used to assess your health priority for housing.

About you

1. Applicant (person with health problems)

Title..... Name..... Date of Birth.....

Address.....

.....

Telephone

Email.....

Are you the Main or Joint Applicant? Yes No

2. About the person completing this form

If you are not the Main or Joint Applicant:

Please enter the name and address of the person completing this form

.....

.....

Please enter the relationship to the Main Applicant

3. Have you already completed this form for:

Berwickshire Housing Association,

Yes

No

Eildon Housing Association,

Yes

No

Scottish Borders Housing Association or

Yes

No

Waverley Housing

Yes

No

If so please advise when.....

If yes to Question 3, please go to page 9 to sign the declaration,

choose the areas you wish to live in on page 10

**and return application form
(Address on page 11)**

About your health

4. Please tell us about your health problem(s) e.g. asthma, angina, stroke, mental illness, and the length of time you have suffered from the problem(s)

Condition 1..... Duration: Years Months

Condition 2..... Duration: Years Months

Condition 3..... Duration: Years Months

5. Do you have difficulty walking? Yes No

If 'Yes' do you need any of the following to help you get around?

Walking Stick / Tripod Walking frame / Zimmer Wheelchair

If you use a wheelchair do you use it indoors or outdoors?

Indoors only Outdoors only Indoors & Outdoors

Details about your health conditions

6. Please give details of how your condition affects your daily life in your present home and surroundings:

.....
.....

7. Are you waiting to be discharged from hospital? Yes No

8. Have you been admitted to hospital in the past year? If Yes, which hospital, what was date of admission, length of stay and reason for admission?

.....
.....

9. Do you have regular contact/help from Social Work or another source such as a voluntary agency? Yes No

If you receive Home care / Personal Care please state below how often.

Have you had a Community Care Assessment within the past year? Yes No

Please provide details of any services you receive.

.....
.....

10. Please give details of the impact of your condition on your family and carers and how this could be improved by a change of house:

.....
.....

11. Have you applied for priority on health grounds before? Yes No

If 'Yes' when did you apply?

12. If your health problem is not covered by any of the previous questions, please tell us how this problem is affected by your housing, and how you feel a move would help?

.....
.....

About your present home

13. Is your home: A Flat Bungalow Two or more storey house

If you currently live in a flat, please tell us what floor it is on.....

Is your property accessible by a lift? Yes No

14. How many steps are there? Inside Outside

15. Do you have difficulty climbing stairs in your home? Yes No

16. Are there handrails on the stairs? One Side Both sides None

If 'Yes' do you use the handrails? Yes No

17. How many bedrooms in your home?.....

Are any bedrooms downstairs? Yes No

18. Does your bathroom have:

A bath only Shower over bath A Shower Unit Level Access Shower

19. Do you have any difficulty using your bath or shower? Yes No

If 'Yes' please describe your difficulty.....

.....

20. Do you have to go upstairs to the:

Toilet: Yes No Bathroom/Shower No

Bedroom: Yes No

21. Do you have any equipment / adaptations to help you? Yes No

If your home has equipment / adaptations, please describe what you have.

.....

.....

.....

22. Please describe the type of heating you have (i.e. gas boiler, storage heaters etc.)

If your heating is causing you health problems please describe them:

.....

.....

23. Does your home have dampness?

If your home has dampness please tell us which room the dampness affects and also if the dampness affects your health.

.....

.....

24. Do you have difficulty getting to the shops and other places? (please tick below)

Yes Some difficulty No

Please tell us what these difficulties are.

.....

.....

25. Does your illness or disability mean you need an extra bedroom? Yes No

If 'Yes' please explain why your health condition means that you require an extra bedroom.

.....

.....

26. Do you need to stay in your current area to be close to a caring relative or friend?

Yes

No

27. Do you need to move from your current area to be close to a caring relative or friend?

Yes

No

Please provide the name and address of your caring relative or friend:

Name.....

Address.....

28. Do you have a garden?

Yes

No

If 'Yes' what size is your garden?

Small

Medium

Large

29. If not covered by the questions so far please give details here of why your accommodation is unsuitable.

.....
.....

30. What type of accommodation do you think would be best for you?

.....
.....

31. Would you prefer to stay in your present home if you could e.g. by the use of adaptations?

Yes

No

If 'Yes' please tell us why these adaptations cannot be carried out.

.....
.....

Obtaining further information

32. Please enter the name and address of your family doctor

Name

Address

33. When was your last GP appointment?

34. Are you attending hospital out patients clinic?

Yes

No

If 'Yes' Name of clinic.....

35. If you get regular support from anyone else (i.e. District Nurse, Community Psychiatric Nurse, Occupational Therapist, Hospital Consultant) please give their name and address:

.....
.....
.....
.....
.....

36. Please enter the name and address of your landlord or person who owns your property

Name.....

Address.....
.....

37. How long have you lived at your current address? Years..... Months.....

38. Previous address.....
.....

39. Reason for leaving your previous address:.....
.....
.....

40. If you have been at your current address for less than 6 months.

Was your previous address: A Flat Bungalow Two or more storey house

If flat, what floor was it on?.....

How many steps did the property have? Inside.....Outside

41. Please enter the name and address of your previous landlord or person who owns the property.

Name.....

Address.....
.....



Confirmation

In order to assess your health priority for re-housing a report from a health or social work professional or from a voluntary service or other Housing Provider may be requested.

By signing this document you are giving consent for this form to be copied to other Housing Providers and for other Housing Providers to give us relevant information to help with this assessment if required.

By signing this document you are confirming that all of the information given in this form is true, and also consenting to the transfer to other Housing Providers of relevant information for the purpose of health assessment and housing allocation.

All information will be treated as strictly confidential and only be available to those who need to see it to assess your health priority.

We will process your information for the duration of your housing application. You can withdraw consent for the processing of this information at any time.

Please sign here

Name (print)

Date.....

For your information and to help you decide which landlords you should register with, we have indicated the areas where partnership landlords in the Scottish Borders have properties.

- Tick the box to the right of the town where you would like to live.

Coldstream Area

- Birgham
- Coldstream
- Eccles
- Gordon
- Greenlaw
- Hume
- Leithom
- Swinton
- Whitsome

Duns Area

- Allanton
- Chirnside
- Cranshaws
- Duns
- Gavington
- Longformacus
- Preston
- Westruther

Eyemouth Area

- Ayton
- Cockburnspath
- Coldinham
- Eyemouth *Deanhead*
- Eyemouth *Gunsgreen*
- Eyemouth *Old Town*
- Foulden
- Grantshouse
- Hutton
- Lower Burnmouth
- Paxton
- Reston
- St Abbs
- Upper Burnmouth

Galashiels Area

- Clovenfords
- Darnick
- Earlston
- Galashiels
- Lauder
- Melrose
- Newstead
- Newtown St Boswells
- St Boswells
- Stow
- Fountainhall/Heriot
- Tweedbank

Hawick Area

- Bonchester Bridge
- Denholm
- Hawick
- Newmill
- Newcastleton

Jedburgh Area

- Ancrum
- Jedburgh
- Oxnam

Kelso Area

- Ednam
- Heiton
- Kelso
- Maxton
- Morebattle
- Smailholm
- Sprouston
- Stichill
- Town Yetholm

Peebles Area

- Blyth Bridge
- Broughton
- Cardrona
- Eddleston
- Innerleithen
- Manor
- Peebles
- Romano Bridge
- Skirling
- Traquair
- West Linton
- Walkerburn

Selkirk Area

- Ashkirk
- Bowden/Lindean
- Ettrickbridge
- Lilliesleaf
- Selkirk
- Yarrowford

- Berwickshire HA**
- Eildon HA**
- SBHA**
- Waverley Housing**

If you require a property with any special features please indicate below.

Property Features Required

- Access for a wheelchair
- Fully wheelchair adapted
- Ground floor property
- Sheltered Housing
- Walk in shower
- Wet floor shower room
- Can manage one flight of stairs

If you wish to move to Sheltered Housing, please tick below where you wish to live.

Coldstream

- Gowanlea Court

Duns

- Boston Court

Eyemouth

- Linkim Court/Swan Court

Galashiels

- Abbotsford Court
- Oakwood Park

Hawick

- Douglas Haig Court
- Frank Scott Court
- Teviot Court

Melrose

- Miller House

Peebles

- Riverside House

Return form to:

<p>Berwickshire Housing Association</p> <p>55 Newtown Street, Duns TD11 3AU Tel. 01361 884000</p> <p>38 Church Street, Eyemouth TD14 5DH Tel. 01890 750888</p> <p>www.bhagroup.org.uk</p>	<p>Eildon Housing Association</p> <p>The Weaving Shed Ettrick Mill Dunsdale Road Selkirk TD7 5EB Tel. 03000 200 217 www.eildon.org.uk</p>	<p>Scottish Borders Housing Association</p> <p>South Bridge House Whinfield Road Selkirk TD7 5DT Tel: 01750 724444 enquiries@SBHA.org.uk</p>	<p>Waverley Housing</p> <p>51 North Bridge Street Hawick TD9 9PX Tel: 01450 364200 info@waverley-housing.co.uk</p>
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Landlords will produce this information on request in,
Large Print and Community Languages.
To find out more, please telephone.

MOŻEMY PRZETŁUMACZYĆ

ਅਨੁਵਾਦ ਕਰਨ ਵਿਚ ਖੁਸ਼ ਹਾਂ

乐意翻译

For Official Use Only

Grade Awarded

Name of Assessor.....

Recommended Grade..... Documentation Attached: Yes No

Limits set/notes.....

Verification: Approve Reject Modify

Signed.....

Date.....

