

HEALTH ASSESSMENT APPLICATION FORM

This Health Assessment for Housing scheme has been developed by Berwickshire Housing Association, Eildon Housing Association, Scottish Borders Housing Association and Waverley Housing Association 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 under this scheme.

Health Assessments are carried out by housing staff who may visit you at your home. Only people involved in assessing your application for housing will have access to the information about your application. However, the final grade and recommendation can be shared between the participating landlords.

We aim to complete the assessment process within 10 working days of receipt of all relevant information. When we have to obtain reports from other professionals, such as Occupational Therapists, GPs etc., it may take longer.

Priority is awarded as follows:

Grade A (Gold) - 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 would not be able to gain access to essential facilities unaided and/or they are at significant risk of doing so, 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 (Silver) - 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 could 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 (Bronze) - 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 need.

Limiting Priority Passes

When carrying out a Health Assessment we will consider what limits (if any) should be put on your pass (for example, if you are unable to manage stairs, the pass would be limited to ground floor or level access accommodation, or, if you need to live near a carer, the pass would be limited to areas close to your carer). To apply for this Pass, please complete this form.

Homehunt Registration Number: _____

Please answer the following questions, completing as many as possible, 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.

1. About you

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 of the person completing this form _____

Please enter the address of the person completing this form _____

Please enter the relationship to the Main Applicant _____

3. Have you completed this form for Eildon HA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed this form for SBHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed this form for Waverley Housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to Question 3, you need only complete Questions 29-33, sign the declaration, choose the areas you wish to live in and return the application form.

4. About Your Health

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. About your mobility

Do you have difficulty walking? Yes No

If **Yes** do you need any of the following to help you get around (tick all that apply)?

Walking Stick Walking Frame Wheelchair

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

Indoors Only Outdoors Only Indoors and 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. 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:

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

If you have answered "Yes" to this question, please provide details of the services you use

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

If you have answered "Yes" to this question, when did you apply? _____

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

About Your Present Home

11. 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. Please tick one box.

Basement	Ground floor	1	2	3
4	5	6	7	8

12. How many steps inside? How many steps outside?

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

14. Are there handrails on the stairs? If so, do you use them? Yes No

Handrails on one side Handrails on both sides No handrails

15. Does your bathroom have any of the following?

A bath only Shower over bath Separate shower unit

16. Do you have to go upstairs to go to the toilet? Yes No

Do you have to go upstairs to go to the Bathroom/Shower? Yes No

Do you have to go upstairs to go to the Bedroom? Yes No

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

If your home has equipment/adaptations to help you, please describe what equipment/adaptations you have _____

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

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

19. Does your home have dampness? Yes No

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

20. Do you have difficulty getting to the shops and other places?

Yes Some difficulty No

Please tell us what these difficulties are _____

21. Do you need to **stay** in your current area to be close to a caring relative or friend? Yes No

22. Do you need to **move** to be close to a caring relative or friend? Yes No

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

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

If your health condition means that require an extra bedroom please explain why _____

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

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

26. Would you prefer to stay in your present home if you could eg. by the use of adaptations? Yes No

27. Please enter the name of your family doctor

Name _____

Address _____

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

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

Name _____

Address _____

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

31. Previous address _____

32. Reason for leaving your previous address _____

33. 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

Basement	Ground floor	1	2	3
4	5	6	7	8

How many steps did the property have? Inside Outside

PLEASE TICK WHICH AREAS YOU WOULD LIKE YOUR PRIORITY TO COVER

You must apply for ALL suitable properties in the areas chosen
or your priority will be removed after six months
(please see the BHA Guide Booklet for more information about your priority)

Coldstream Area

- Allanton
- Birgham
- Chirnside
- Coldstream
- Eccles
- Foulden
- Gordon
- Greenlaw
- Hume

**Coldstream Area
(contd)**

- Hutton
- Leitholm
- Paxton
- Swinton
- Westruther
- Whitsome

Duns Area

- Ayton
- Cockburnspath
- Cranshaws
- Duns
- Gavinton
- Grantshouse
- Longformacus
- Preston
- Reston

Eyemouth Area

- Eyemouth Deanhead
- Eyemouth Gunsgreen
- Eyemouth Old Town
- Lower Burnmouth
- Upper Burnmouth
- Coldingham
- St. Abbs

Sheltered Housing Developments

If you have indicated a sheltered Housing Requirement on your registration form,
please tick to choose the Development(s) you wish your pass to apply to:

Coldstream, Gowanlea Court

Duns, Boston Court

Eyemouth, Linkim Court

Property Features

- Access for wheelchair
- Fully wheelchair adapted
- Ground floor property
- Sheltered Housing

- Walk in shower
- Wet floor shower room
- Can manage one flight of stairs

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. Your consent for this form to be copied to them and for them to give us relevant information to help with this assessment is required. I confirm that the information given on this form is true, and also give my consent for the transfer of relevant information as outlined above, solely for the purpose of health priority assessment and housing allocation. I understand that all information will be treated as strictly confidential and only be available to those who need to see it to assess my health priority.

Please sign here _____ **Date** _____

You can post this form to Berwickshire Housing Association, 55 Newtown Street, Duns TD11 3AU, or hand it into either of our offices in Duns or Eyemouth.

 Berwickshire Housing
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Berwickshire Housing Association will produce this information, on request, in Large Print and Community Languages.

To find out more, please telephone 01361 884000

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