

Eildon Housing Association Health Assessment Application Form

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 can 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 fully completed. If you wish to apply to more than one landlord you may advise on the application that you have already fully completed an application and we can request the outcome to be shared.

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, GPs etc. it may take longer.

Priority is awarded as follows:

Platinum Priority will be awarded by Eildon HA to applications that have been assessed as having Grade A / Gold priority. These applications will be moved to Eildon critical housing waiting list, to be matched to a vacancy that meets your health, housing and personal needs.

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.

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, 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.

Homehunt Registration Number:

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 Berwickshire HA, SBHA or Waverley Housing?

If so please advise _____

If yes to Question 3, you need only go to page 6 to choose the areas you wish to live in and sign the declaration on page 7.

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 problems(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?

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 the previous 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 the previous 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** **One storey house** **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	1st floor	2nd floor	3rd floor
4th floor	5th floor	6th floor	7th floor	8th floor

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? **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 you 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 e.g. by the use of adaptations?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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27. Please enter the name of your family doctor

Name _____

Address _____

28. If you get regular support from anyone else (e.g 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 One storey house Two or more storey house

If flat, what floor was it on? Please tick one box.

Basement	Ground floor	1st floor	2nd floor	3rd floor
4th floor	5th floor	6th floor	7th floor	8th floor

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

PLEASE TICK WHICH AREAS YOU WOULD LIKE YOUR PASS TO COVER

You must apply for ALL suitable properties in the areas chosen or your priority will be removed after 6 months
(please see the Eildon HA Guide for more Priority Pass information)

Coldstream Area

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

Duns Area

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

Eyemouth Area

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

Galashiels Area

- Clovenfords
- Earlston
- Stow
- Galashiels Central
- Galashiels /Langlee/
Haliburton
- Galashiels Torwoodlee

Galashiels Area Cont.

- Lauder
- Melrose
- Newstead
- Newtown St Boswells
- St Boswells
- Tweedbank

Hawick Area

- Bonchester Bridge
- Denholm
- Hawick Burnfoot
- Hawick Central
- Hawick Silverbuthall/
Stirches
- Hawick West End
- Hawick Wilton
- Newcastleton

Jedburgh Area

- Ancrum
- Jedburgh
- Oxnam

Kelso Area

- Heiton
- Kelso
- Morebattle
- Stichill
- Town Yetholm

Peebles Area

- Broughton
- Cardrona
- Eddleston
- Innerleithen
- Peebles
- Skirling
- West Linton
- Walkerburn

Selkirk Area

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

Sheltered Housing Developments

If you have indicated a Sheltered Housing Requirement on your registration, please tick to choose the Developments you wish your pass to apply to.

- Coldstream**, Gowanea Court
- Duns**, Boston Court
- Eyemouth**, Linkim Court/Swan Court
- Galashiels**, Abbotsford Court
- Galashiels**, Oakwood Park
- Hawick**, Douglas Haig Court
- Hawick**, Frank Scott Court
- Hawick**, Teviot Court
- Melrose**, Millar House
- Peebles**, Riverside House

Property Features

- Access for wheelchair**
- Fully wheelchair adapted**
- Ground floor property**
- Sheltered Housing**
- Walk in shower**
- Wet floor shower room**



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 _____

You can post or deliver this form to:

Eildon Housing Association (Allocations)
The Weaving Shed, Ettrick Mill, Dunsdale Road, Selkirk TD7 5EB



Eildon Housing Association will produce this information on request in,
Large Print and Community Languages.
To find out more, please telephone 03000 200 217.

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乐意翻译