



Medical Pass Application

elha.com
east lothian housing association

Please ensure you give us your registration number, as we may not be able to find your registration without it. Remember to read the declaration at the end and sign the form, or you can apply online at **www.homehunt.info**

Homehunt Registration Number:

If your health is affected in some way by your present accommodation, you can apply for a priority pass. Medical priority is only awarded where there is a direct link between a serious and/or long term health problem and your present accommodation.

Medical Assessments are carried out by East Lothian Housing Association. We will normally visit you at home before any offer of housing is confirmed and request further information from a health professional. If you are applying from outside our area we will base our assessment on the information given in this form and confirmed by your Doctor or Consultant. Only those people who need to know will have access to the information about your application.

Passes are considered on an individual basis but in general;

A Gold Pass would be awarded where:

- Without a move the essential activities of daily life (such as bathing, cooking, going out etc) are not possible
 - or**
 - A move is essential to prevent a serious medical condition from getting worse
 - or**
 - Is urgent to allow discharge from hospital, or to prevent admission to a nursing or residential home
- and** it is not practical to adapt your current home to meet your needs.

A Silver Pass would be awarded where:

- A move would significantly improve the medical condition
 - or**
 - substantially reduce the risk of physical injury
 - or**
 - would make essential activities of daily living much easier to cope with
- and** it is not practical to adapt your current home to meet your needs.

Please complete the following questions to apply for a Medical Priority Pass:

Phone 01620 828415 or visit us at www.homehunt.info

1 About You

Please tell us your personal details. **If you are filling in this form for someone else, tell us about them, not yourself.**

Name:

Address:

Telephone Number:

Email Address:

Name of person with medical condition:

Are they waiting to be discharged from hospital?

Yes No

2 Your Current Property

Current property type (e.g. first floor flat, mid-terrace house, etc.)

What floor is your property on?

Does the property have a lift?

Yes No

If you have stairs inside or outside your property and no lift available, does this cause difficulty?

Great difficulty
Some difficulty
No difficulty

Why is your present house unsuitable for your medical condition(s)?

Please explain as fully as possible and continue on a separate sheet of paper if required.



3

Medical Condition

List of Medical Condition(s)

How is this affected by your present housing?

a

b

c

d

e

f

Do you use any of the following? (Tick yes or no)

Wheelchair – Inside and Outside

Yes No

Wheelchair – Outside only

Yes No

Zimmer

Yes No

Tripod or walking stick

Yes No

Bathroom aids (grab rails, raised toilet seats etc.)

Yes No

Could you manage in your current home if it was adapted? If yes, please tell us what adaptations are needed;

Please tell us why these adaptations can't be carried out?

Do you have any difficulties with walking? (Tick yes or no)

Around the House

Yes No

Up or Down Stairs

Yes No

Short Distances

Yes No

4

Carer or Care Services

If you need to move to be nearer someone who provides essential care or support, give details of the type of help they provide and their name/address/relationship.

Name of Carer:

Address:

Relationship to Applicant:

Type of Help Provided and how often

If you receive care services from any professional or voluntary organisation, or if there is anyone else who can confirm, or add to the information you have provided, please give their name/address and details here:

Name of Organisation/Individual:

Address:

Telephone Number:

Type of Help Provided and how often

N.B. We may contact these people/organisations for further information if necessary.

Please give full name(s) and address(es) of the health care professional(s) treating your medical condition

5 Other information

Do you have any other particular housing needs not already mentioned?

6 About the home you need

Please tell us where you would like to live and if you need a particular property type by ticking the boxes. For example, if you cannot manage stairs you should tick the box indicating you need Ground Floor only. **Remember** the more limits you place on your Pass the fewer properties you will receive priority for but you must exclude areas or property types that you wouldn't accept if offered to avoid the penalties that we impose (as explained in the Homehunt Guide) for not applying for suitable properties or refusing an offer of a property.

Property Types

- Amenity Housing
- Bungalow
- First floor flat (can manage one flight of stairs)
- Ground floor flat
- House
- Second floor flat or higher
- Sheltered Housing

Special Requirements

- Ground floor
- Sheltered housing
- Walk in shower
- Wet floor shower
- Wheelchair access
- Wheelchair adapted property

Areas

- | | |
|--|---|
| <input type="checkbox"/> Aberlady* | <input type="checkbox"/> Longniddry* |
| <input type="checkbox"/> Athelstaneford* | <input type="checkbox"/> Macmerry |
| <input type="checkbox"/> Bolton* | <input type="checkbox"/> Musselburgh (town centre only) |
| <input type="checkbox"/> Cockenzie | <input type="checkbox"/> Musselburgh (whole town) |
| <input type="checkbox"/> Dirleton* | <input type="checkbox"/> North Berwick |
| <input type="checkbox"/> Dunbar (town centre only) | <input type="checkbox"/> Ormiston* |
| <input type="checkbox"/> Dunbar (whole town) | <input type="checkbox"/> Pencaitland* |
| <input type="checkbox"/> East Linton* | <input type="checkbox"/> Port Seton |
| <input type="checkbox"/> East Saltoun* | <input type="checkbox"/> Prestonpans |
| <input type="checkbox"/> Elphinstone* | <input type="checkbox"/> Stenton* |
| <input type="checkbox"/> Garvald* | <input type="checkbox"/> Tranent (town centre only) |
| <input type="checkbox"/> Gifford* | <input type="checkbox"/> Tranent (whole town) |
| <input type="checkbox"/> Gladsmuir* | <input type="checkbox"/> Wallyford |
| <input type="checkbox"/> Gullane | <input type="checkbox"/> West Barns |
| <input type="checkbox"/> Haddington (town centre only) | <input type="checkbox"/> Whitecraig |
| <input type="checkbox"/> Haddington (whole town) | <input type="checkbox"/> Whittingehame* |
| <input type="checkbox"/> Innerwick* | |

* = *rural village*



7 Declaration

I hereby give permission for East Lothian Housing Association Ltd to contact my family doctor, hospital consultant, district nurse, home help organiser or other person involved in my care, in confidence, for further information and for them to provide it.

I hereby confirm that the information I have given in this application for medical priority is true. I have read and understand East Lothian Housing Association's policy in relation to supplying false or misleading information or withholding of relevant information and accept that doing so now or at any time in the future could result in my application being suspended or any tenancy I may have gained being terminated.

First Applicant Signature:

Date:

Joint Applicant Signature:

Date:

ELHA will produce this information on request in Audio Tape, Large Print and Community Languages.

Please send the completed form to:

East Lothian Housing Association, 18-20 Market Street, Haddington, East Lothian, EH41 3JL.



elha.com
east lothian housing association

18-20 Market Street, Haddington, East Lothian EH41 3JL
Scottish Charity No SC028900 Registered under the Industrial and Provident Societies Act 1965, Registered No 2266R(S)

W: elha.com E: enquiries@elha.com
T: 01620 825032 F: 01620 826596
Text: elha then your message to 88222
(message charged at standard rates)