

Health & Wellbeing: Assessment Form

Version: H&W Jan 2022



Please read all the information below before completing this form.

Health and wellbeing priority is **only** awarded if it is assessed that your physical or mental health, or your wellbeing is made worse by your current accommodation, or lack of accommodation.

Please complete a separate form for each person whose health and/or wellbeing is affected by your current accommodation, or lack of accommodation.

Please contact your local housing team if you:

- Have any questions about this form
- Would like help filling the form in
- Need this document in a different format (e.g. large print)
- Have any questions about this form
- Require any further support

Please ensure that you complete the form neatly within the lines using black ink and **BLOCK CAPITALS.**

Please contact your local housing team if you would like a Supporting Evidence form that can be completed by a professional (for example an Occupational Therapist, Social Worker etc.) you work with. The form will enable them to provide further information on how your health or your wellbeing is made worse by your current accommodation, or lack of accommodation.

Please note that you will need to sign the consent section of the Supporting Evidence form to confirm that you are happy for the professional to provide information to Devon Home Choice.

You do not need to contact your GP about your Devon Home Choice application. We will contact you if we require any supporting evidence.

Please return the completed form to:

For Office Use Only – to be completed before sending out

Application No.	<input type="text"/>	Current band:	<input type="text"/>
Name:	<input type="text"/>	Band Start Date:	<input type="text"/>
Address:	<input type="text"/>		
<input type="text"/>			

Do not complete this form in the following circumstances, as you will not receive any health and wellbeing priority;

- Your health problems are not affected by your current accommodation and cannot be improved by moving
- You have time-related medical problems (e.g. pregnancy-related problems or a broken leg)
- If the situation can be resolved by equipment or minor adaptations which are immediately available
- Your accommodation has disrepair problems that can be put right
- You are involved in a neighbour dispute that can be resolved by other means
- You are threatened with homelessness or homeless (in this case any priority will be awarded by your local authority)
- You are overcrowded (in this case any priority will be awarded by your local authority)

1. Personal details of the person whose health and/or wellbeing is being affected by your current accommodation

Title	First Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Male	Female	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth		
<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>
DD		MM
		YYYY

2. Please provide details of your doctor

Name

Phone number

Email address

3. Please name the condition(s) you, or anyone else who needs to be rehoused with you, suffer from. Please only give details of conditions that are affected by your current accommodation (E.g. that affects your ability to remain in, access or move around in your home etc)

Please do not give details of conditions that are not affected by your accommodation or could not be resolved by moving to a new home.

Condition 1

Please name this condition:

How does your current accommodation impact on this condition?

How do you currently manage this condition in your current accommodation? (E.g. are there stairs you cannot manage, have you had any falls, are there essential facilities in the home that you are unable to access, is your mental health adversely affected etc.?)

Do you take medication for this condition?

Yes No

If Yes, please provide details (e.g. the name and dosage of any medication)

Has your GP referred you to a specialist for this condition?

Yes No

If Yes, please provide their:

Name

Role (e.g. occupational therapist, consultant, mental health worker etc.)

Phone Number

Email Address

Condition 2

Please name this condition:

How does your current accommodation impact on this condition?

How do you currently manage this condition in your current accommodation? (E.g. are there stairs you cannot manage, have you had any falls, are there essential facilities in the home that you are unable to access, is your mental health adversely affected etc.?)

Do you take medication for this condition?

 Yes No

If Yes, please provide details (e.g.the name and dosage of any medication)

Has your GP referred you to a specialist for this condition?

 Yes No

If Yes, please provide their:

Name

Role (e.g. occupational therapist, consultant, mental health worker etc.)

Phone number

Email Address

Condition 3

Please name this condition:

How does your current accommodation impact on this condition?

How do you currently manage this condition in your current accommodation? (E.g. are there stairs you cannot manage, have you had any falls, are there essential facilities in the home that you are unable to access, is your mental health adversely affected etc.?)

Do you take medication for this condition? Yes No

If Yes, please provide details (e.g.the name and dosage of any medication)

Has your GP referred you to a specialist for this condition? Yes No

If Yes, please provide their:

Name

Role (e.g. occupational therapist, consultant, mental health worker etc.)

Phone number

Condition 4

Please name this condition:

How does your current accommodation impact on this condition?

How do you currently manage this condition in your current accommodation? (E.g. are there stairs you cannot manage, have you had any falls, are there essential facilities in the home that you are unable to access, is your mental health adversely affected etc.?)

Do you take medication for this condition? Yes No
If Yes, please provide details (e.g. the name and dosage of any medication)

Has your GP referred you to a specialist for this condition? Yes No
If Yes, please provide their

Name

Role (e.g. occupational therapist, consultant, mental health worker etc.)

Phone number Email

4. Do you have a carer?

If 'Yes', is your care?
(Please tick all that apply)

- Formal (e.g. a paid carer)
- Informal (e.g. provided by a family member or friend)
- Live-in
- 3 times a week or more
- Twice a week or less

Please provide your carer's name and contact details:

When you provide information about household members or next of kin we assume that you do so with their full knowledge and consent.

Name

Phone number Email

Address including postcode

5. What help does your carer provide?

- Personal care
- Shopping for food
- Preparing food
- Giving medication
- Paying bills
- Attending appointments
- Other (please detail)

6. Do you have any mobility problems or needs?

- Yes No

If 'No', please go to Q12

**7. Do you use any of the following to help you walk or get around?
(Please put an 'X' in all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Walking stick(s) | <input type="checkbox"/> Wheelchair (Indoors) |
| <input type="checkbox"/> Walking frame | <input type="checkbox"/> Wheelchair (Outdoors) |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Wheelchair (Manual) |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Wheelchair (Powered) |
| <input type="checkbox"/> Other, please details | <input type="text"/> |

8. Can you climb steps/stairs?

- Yes No

If 'Yes', how many can you manage?

9. How many steps/stairs are there from the street to your front door?

(Please put '0' if there are none)

10. How many internal steps/stairs are there within your accommodation?

(Please put '0' if there are none)

11. Do you have to go upstairs or downstairs to any of these rooms?

(Please put an 'X' in all that apply)

- Bathroom Toilet Bedroom

12. Adaptations can sometimes enable people to remain in their homes. Please indicate with a tick whether you have, would like or have spoken to a Social Care Occupational Therapist about the following adaptations

	Have	Would Like	A Social Care Occupational Therapist has approved but not yet completed	Requested from a Social Care Occupational Therapist but not approved
Bath hoist (fixed)				
Ceiling track hoist				
Downstairs toilet				
Dropped kerb				
Handrails or Grab-rails				
Lowered kitchen surfaces				
Parking bay				
Access Ramps				
Stairlift				
Step-lift				
Through-floor lift				
Upstairs toilet				
Widened doorways				
Showering facility (please detail)				
Other (please detail)				

If you have indicated that you would like certain adaptations and you have not yet spoken to Social Care Occupational Therapist, please contact Devon County Council, Plymouth City Council or Torbay Council.

Please read and sign below

Privacy Notice

The personal information that you provide will be held securely. The Privacy Notice on the Devon Home Choice website (www.devonhomechoice.com) and application form explains what personal data we collect from you and how we use it.

If this form is completed on behalf of someone else, or personal details or contact data about a third party are provided, then it is your responsibility to make sure that you have informed that person of what you have told Devon Home Choice. If you are completing this form on behalf of someone else, please confirm whether you have a Power of Attorney to act on their behalf, as well as your relationship to them.

Declaration

Please read through the following statements and sign at the bottom to show you understand and agree with them.

I understand that if I have not provided all the information required that this form will not be processed.

The details given on this form are correct. I understand that if any false information has been given, this application may be refused, and any offers made may be withdrawn, and any tenancies granted may be forfeited.

I understand that it is a criminal offence to make a false statement, or deliberately withhold information in order to seek a tenancy through Devon Home Choice.

I understand that members of Devon Home Choice may prosecute if an offence is committed. This could lead to a fine of up to £5,000 or imprisonment, and may also lead to legal action for the possession of any accommodation found to have been obtained by deliberately allowing false information to be used.

Any information I give on, or to support, my Devon Home Choice application can be seen by the landlords taking part in it, now or in the future if I bid on one of their properties.

I will tell Devon Home Choice if my circumstances change.

If you need to contact my doctor, hospital consultant or health visitor etc. because you need more information about how my health and wellbeing is affected by my current home, you will need me to give my consent to allow them to provide this information.

Important Note

This form is to be signed by the person whose health and/ or wellbeing is being affected by your current accommodation, or lack of accommodation. Except please note that if the person named on this form is under 16 we will need the signature of a parent/guardian. Please make the relationship clear below.

I understand that the health and wellbeing assessment form I am completing may affect any existing priority I have been awarded within Devon Home Choice and may result in a previous award being cancelled. I understand that if I am awarded priority as a result of this health and wellbeing assessment it will be reviewed regularly. This will include it being reviewed if I am put forward for a home through Devon Home Choice.

Signed	<input type="text"/>
Date	<input type="text"/>
Full Name	<input type="text"/>
Relationship (if applicable)	<input type="text"/>
If you are completing this form on behalf of someone else do you have a Power of Attorney to act on their behalf?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please return the completed form to the address on the front page.

