



FOR OFFICE USE

ASSESSMENT OF HOUSING PRIORITY ON MEDICAL GROUNDS

Maidstone Housing Trust liaises with an independent medical advisor to assess whether an applicant should be awarded medical priority for rehousing. Medical priority is usually awarded where the person concerned has a disability due to a serious long term illness. It is given where it is felt that a change of housing would substantially alleviate the medical problems associated with the present dwelling.

N.B. Social problems, such as difficulties with neighbours or dislikes of the locality, cannot be considered to be medical problems.

If you think that your application should be awarded additional priority on medical grounds, please answer the following questions and return this form to Whatman House or your local housing office. You may continue on a separate sheet if you feel it is necessary. Please note that the Medical Advisor will not contact your GP or other health professional. The assessment will primarily be carried out on information you provide on this form.

Please ask if you require help to complete this form. We may be able to arrange a home visit if you are disabled.

ABOUT YOU

Name of family member with medical need

Date of Birth

Male / Female

Address

What is the nature of your disability or illness?

Are there any other members of the household with medical needs?

YES

(If yes, please complete a separate medical form)

NO

Are you registered disabled?

YES

(If yes, please give your Disabled registration number)

NO

Do you use a wheelchair?

YES

(If yes, please specify below)

NO

Indoors

Outdoors

Sometimes

All the time

Do you have other mobility problems?

YES

(If yes, please specify)

NO

Please give details of any treatment/medication you are receiving at present

Medication

Dosage

How long have you been taking this?

ABOUT YOUR HOME

Please describe your present accommodation

House

No. of Bedrooms

Flat

What Floor is it on?

Maisonette

Bedsit

Is there a lift? YES

Other

NO

(please specify)

Who else lives with you?

Name

Date of Birth

Relationship to you

Do you have central heating?

YES

NO

Is the Toilet

Inside

Is it

Upstairs

Outside

Downstairs

Both

Do you have

Shower

Is it

Upstairs

Bath

Downstairs

Both

Is it difficult for you to get in/out of the bath?

YES

NO

Are there any steps inside/outside your home
which you find difficult to manage?

YES

How many?

NO

Do you have difficulty walking?

YES

NO

If yes, how far can you walk?

Has your present home been adapted to meet your needs?

YES

If yes, in what ways?

NO

How does your disability / illness affect you in your home?

How would a move to another property help you?
