

## **Guidance on how to complete the Medical Self Assessment Form**

This form should be completed by anyone requesting rehousing who feels their current housing is unsuitable because of a medical condition and so wishes to be considered for Medical Priority, or by anyone who feels they have special needs.

Even if applying to several Housing Providers only one form needs to be completed, as long as you tick the boxes at the beginning to say which applications you have made.

**If you have completed a form within the last 6 months DO NOT send in another unless there have been important changes in your medical condition.**

Please also read the leaflet "Medical Priority, Patient and Professional Information".

All applicants should complete Sections 1 -5 fully, putting N/A if any question does not apply.

Applicants for Very Sheltered Housing and Housing with Care (specialised housing for older people) should also complete Section 6.

Section 1: This is about you and the people who will be living with you. If you are applying to move nearer to someone with medical needs so you can provide them with support please give their name and address in "person 2" and indicate you wish to be near, rather than with, them.

Section 2: This is about the house you live in now.

Section 3: This is about the medical needs of the person who wishes to be considered for medical priority. If there is more than one person each should submit a form with their medical details but should do so at the same time so the needs of the whole household can be considered together. If applying to move to provide support for someone with medical needs the person with this need should complete section 3.

In this section you are asked about the sort of house you feel you need, why you feel a move is necessary, what support you have at home and your medical problems.

**If you live outside the area we need to know what medical reasons you have for a move here.**

To be considered for Medical Priority this section needs to be fully completed with details of the names of your illnesses (what are your medical problems?) and the medicine and other treatment you receive (what treatment do you receive?). If no medical information is provided on the form no medical priority can be given.

To help in the assessment it also asks important questions about your physical abilities.

Section 4: This is for someone other than you to provide extra information or supporting comments about your housing needs. The person providing this support must complete all sections on p7 and make clear their role in your care.

Section 5: This is about giving consent for the Medical Advisor to seek further information to clarify your application.

The first part is about consent to seek information from other doctors involved in your care. The second part is about consent to have your case discussed at one of the Special Needs Panels and to ask for any more information needed from people involved in your care. If information is received it may be possible to make a decision without going to a Panel.

**If you are signing on behalf of someone over 16 please make sure you supply documentary evidence you are legally entitled to sign on their behalf.**

Section 6: This section asks for more detailed information to enable an assessment on those applying for specialist housing with support for older people.

If you are not completing this part please DO NOT submit it with the rest of the form.