

## APPLICATION FOR MEDICAL POINTS FOR A HOUSE

### Who can apply for medical points?

Applicants will only qualify for medical points in the following circumstances;

- if the applicants health or mobility problems are being made worse by their current housing circumstances; or
- if the applicants health or mobility problems can be helped or managed more easily or effectively by being rehoused.

### Completing the application form.

**Part A** of the form refers to the present housing situation and should be completed by the person who is applying for rehousing.

**Part B** should be completed by the applicant who has the medical need for a change of house.

**Part C** of the form is the declaration and the mandate. The declaration confirms that the applicant has completed the form correctly to the best of their knowledge. The mandate gives permission for the Medical Assessment Officer to write to the GP Surgery in order for them to receive full details of the applicant's medical condition and should be signed by the applicant.

### Where do I send the form?

The completed form should be sent to your nearest DGHP office. If you have difficulty filling in the form please contact your nearest DGHP office for advice or assistance.

### Who assesses my application form?

After checking your housing details your application form will be passed to our Medical Assessment Officer. The Medical Assessment Officer will write to your GP for full details of your condition. If you live outwith Dumfries & Galloway area you will be required to forward your own GP report to the Medical Assessment Officer. The Medical Assessment Officer will assess your application for medical points and where appropriate will recommend which type of property would be most suitable to meet your health or mobility needs.

### When will I know if I will receive medical points?

Following receipt of the Medical Assessment Officer's recommendation, DGHP will write to you advising you whether you have been awarded medical points.



**APPLICATION FOR MEDICAL POINTS FOR A HOUSE**

**MP1A**

<b>PART A – TO BE COMPLETED BY THE PERSON APPLYING FOR HOUSING</b>	Ref No:
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Name of housing applicant	Current address
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How long have you lived at this address?

Are you the:    Tenant     Owner     Lodger     Living with family/non family   
 (please tick).

Is your present home: (please tick).

A house with internal stairs	<input type="checkbox"/>	A bungalow	<input type="checkbox"/>	A ground floor 4 in a block	<input type="checkbox"/>
An upper floor 4 in a block	<input type="checkbox"/>	A ground floor flat	<input type="checkbox"/>	A 1 <sup>st</sup> floor flat	<input type="checkbox"/>
A 2 <sup>nd</sup> floor flat	<input type="checkbox"/>	A ground floor maisonette	<input type="checkbox"/>	A 1 <sup>st</sup> floor maisonette	<input type="checkbox"/>
Sheltered	<input type="checkbox"/>	Other (please state)	<input style="width: 100%; height: 20px;" type="text"/>		

How many bedrooms do you have?

Is your w.c.:                      Upstairs                       Downstairs   
 (please tick)

Is your bathroom:              Upstairs                       Downstairs   
 (please tick)

Who lives in the house? (please put the housing applicant first)		
Name	Date of birth	Relationship to applicant
		Applicant

## PART B – MEDICAL NEEDS

Name

### **Confidentiality.**

If you do not want to answer any of the following questions giving details of your medical condition, please tick the box on the right.

### **The Medical Assessment Officer will contact your GP for details of your medical condition.**

What are your illnesses or disabilities?

And, how long have you had these illnesses or disabilities?

What medicines, tablets or other treatments have been prescribed for your illnesses or disabilities?

What special facilities would you need in your new accommodation? (for example a ground floor toilet)

Describe in your own words how your illness or disability affects you and why your present home is unsuitable?

**Please tick the appropriate box**

Do you or anyone in your household have their own transport? If yes please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your present home been modified in any way? If yes please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need any special equipment? (for example a wheelchair) If yes please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you registered as disabled? If yes, please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get an allowance? (for example Disability Living Allowance) If yes, please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a home carer? If yes, how often does your carer help you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any other regular assistance? If yes, how often do you receive this assistance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you prefer to stay in your own home if adaptations were carried out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please list all the areas within Dumfries & Galloway that you have chosen on your housing application.

Is there any other information that may be relevant to your application?

**PART C - TO BE COMPLETED AND SIGNED BY THE HOUSING APPLICANT**

I give my permission for the Medical Assessment Officer to write to my GP, shown below, and for them to give full details of my condition to the Medical Assessor.

Name of GP	Address
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To the best of my knowledge the details given in this form are correct. I understand that I may be prosecuted if I have given false information. I may also lose any home you have offered me. I will tell DGHP immediately if there is any change to the circumstances I have declared on this application. I also agree that the Medical Assessor can share this information on a confidential basis with other appropriate professionals such as: Occupational Therapists, Social Services and Neighbourhood Managers.

**Signature**

**Date**

**Signature**

**Date**

We will contact you as soon as we receive a decision from the Medical Assessor.

**WHEN YOU HAVE COMPLETED THE FORM PLEASE SEND IT TO:**

Lettings Team  
DGHP  
Grierson House  
The Crichton  
Dumfries  
DG1 4ZS

**TO BE COMPLETED BY THE LETTINGS ASSISTANT/OFFICER**

I am satisfied that the information in Part A is correct.		
Signed	Lettings Assistant/Officer	Date