

# Health Assessment for Housing



## Health Assessment for Housing

**This Health Assessment for Housing scheme has been developed by Berwickshire, Eildon, Scottish Borders, Cairn Housing Associations and Waverley Housing in conjunction with NHS Borders and Scottish Borders Council.**

**If your health is affected in some way by your present accommodation, all of the participating landlords offer some level of priority under this scheme\***

Health Assessments are carried out by housing staff, who may visit you at home. Only people involved in assessing your application for housing will have access to the information about your application. However the final grade and recommendation can be shared between the participating landlords if you apply to more than one. For example, if you apply to both SBHA and Border Choice Homes, usually only one assessment will be made and the outcome shared between the landlords involved.

We aim to complete the assessment process within three weeks of your application, but where we have to obtain reports from other professionals, such as Occupational Therapists, GP's etc., this can delay the process a little further.

There are five grades of Health Assessment (grades A to E). The table below shows how many points are awarded by Scottish Borders Housing Association for each grade.

Priority is awarded as follows:

- Grade A (40 points) Where an applicant has a health problem and is unable to return to their home, or unable to continue living in their own home because they would not be able to gain access to essential facilities unaided and/or they are at significant risk of doing so, or due to significant and enduring mental illness they are unable to return or continue to live in their current home and/or environment, and it is not practical to adapt their home to meet their needs.
- Grade B (30 points) Where an applicant has a health problem and is living at home and they are unable to gain access to essential facilities unaided, and/or they would be housebound because they could not get out of their home unaided, or their mental illness severely restricts their ability to continue to live in their current home and/or environment and it is not practical to adapt their home to meet their needs.
- Grade C (20 points) Where an applicant has a health problem and is living at home and becoming less able to access essential facilities unaided, and/or they are becoming less able to get out of their home unaided, or they are becoming less able to cope in their current home and/or environment due to their mental illness, and it is not practical to adapt their home to meet their needs.
- Grade D (10 points) Where an applicant has a health problem and is living at home and for health (physical or mental) reasons the facilities in the home do not meet their current needs (for example the applicant needs a shower rather than a bath, or another form of heating).
- Grade E (0 points) No health benefit from a move.

\*Please note applicants to Berwickshire Housing Association have to demonstrate housing related need to live in the Berwickshire area to qualify.

**Application No.**  
**(For office use only)**

## Health Assessment Form

Please answer the following questions, completing as many as possible, so that we can assess your application for re-housing on health grounds. To do this, please tick the appropriate boxes or fill in the spaces which apply to you. A separate form should be completed for each person for whom priority on health grounds is being claimed.

Your replies are strictly confidential and only used to assess your health priority for housing.

### About You

#### 1. Applicant (person with health problems)

Name .....

Address .....

.....

Telephone Number .....      DOB .....

#### 2. Name of person completing the form (if different from above)

Name .....

Address .....

.....

Relationship to Applicant .....

#### 3. Have you already filled in this form in full for one of these housing providers?

SBHA       Border Choice Homes

**If yes to question 3, there is no need to complete the rest of this form.**

**Now please sign the declaration at the end of this form and  
return the whole form to us.**

## About Your Health

4. Please tell us about your health problem(s) (eg asthma, angina, stroke, mental illness, and the length of time you have suffered from the problem(s)).

Condition ..... Duration ..... Years .....

Condition ..... Duration ..... Years .....

Condition ..... Duration ..... Years .....

5. Do you have difficulty walking? (please tick any box which applies to you)

Yes  No

If yes, do you use any of these to help you to get around?

Walking Stick  Walking Frame  Wheelchair

If you use a wheelchair do you use it indoors or outdoors?

Indoors only  Outdoors only  Both

6. Please give brief details of how your condition affects your daily life in your present home and surroundings (eg breathlessness on climbing stairs, inability to reach toilet/bathroom, depression made worse by home environment, etc.)

.....

7. Please give details of the impact of your condition on your family and carers, and how this could be improved by a change of house.

.....

8. Do you have regular contact/help from Social Work Services (eg Home Carer, Social Worker or Support Worker) or from the NHS (eg GP, District Nurse, Hospital Consultant, Mental Health Team) or from another source such as a voluntary agency?

Yes  No

If yes, please give details of these services .....

.....

.....

9. Have you applied for priority on health grounds before?

Yes  No

If yes, when did you apply? .....

10. If your health problem is not covered by any of the questions above, please tell us how this problem is affected by your housing, and how you feel a move would help.

.....  
.....

### About Your Present Home

11. Is your home: A flat  One storey house  Two or more storey house

If a flat, what level is it on ? .....

12. How many steps are there? Inside ..... Outside .....

13. Do you have difficulty climbing stairs?

Yes  No

14. Are there handrails on the stairs?

One side  Both sides  None

If you have handrails, do you use them?

Yes  No

15. Does your bathroom have

A bath only  Shower over bath  Separate shower unit

16. Do you have to go upstairs to the

Toilet: Yes  No

Bathroom/Shower: Yes  No

Bedroom: Yes  No

17. Do you already have any equipment/adaptations to help you – eg to help you in the bathroom or in the kitchen?

Yes  No

If yes, please describe .....

.....

18. What sort of heating do you have?

.....

If this causes problems please describe .....

.....

19. Does your home have dampness?

Yes  No

If yes, what rooms does this affect? .....

If this affects your health, please tell us about it.....

.....

20. Have any adaptations been carried out to the house eg ramp, handrail, please give details.

.....

.....

21. Do you have any difficulty getting to the shops and other places?

Yes  No  Some difficulty

Please tell us what these difficulties are .....

.....

22. Do you need to stay in your current area to be close to a caring relative/friend?

Yes  No

23. Do you need to move to be close to a caring relative/friend?

Yes  No

Name and address of caring relative/friend.....

24. Does your illness or disability mean you need an extra bedroom?

Yes  No

If yes, please explain why? .....

.....

25. If not covered by the questions above, please give details here of why your accommodation is unsuitable

.....

.....

26. What type of accommodation do you think would be best for you ?

.....

27. Would you prefer to stay in your present home if you could eg by use of adaptations?

Yes  No

## Obtaining further information

28. What is your family doctor's name?

.....

Address.....

29. If you get regular support from anyone else (such as a District Nurse, Community Psychiatric Nurse, Occupational Therapist, Hospital Consultant), please give their name and address below.

.....

.....

In order to assess your health priority for re-housing a report from a health or social work professional or from a voluntary service or other Housing Provider may be requested. Your consent for this form to be copied to them and for them to give us relevant information to help in this health assessment is required.

Where you want to apply to several participating Housing Providers (details of participating providers are given on page 2 of this leaflet) it has been agreed that one will undertake the assessment and pass on the outcome (i.e. priority grade and any special housing requirements, but not any clinical details from professional reports) to the others. This will avoid the need for you to complete several forms and for several assessments to be undertaken. We would therefore also require consent for the Housing Provider doing the assessment to share the outcome with other Housing Providers you have applied to.

I confirm that the information given on this form is true, and also give my consent for the transfer of relevant information as outlined above, solely for the purpose of health priority assessment and housing allocation. I understand that all information will be treated as strictly confidential and only be available to those who need to see it to assess my health priority.

Please sign your name here ..... Date .....

**Please return this form to:**



<b>For Official Use only</b>	<b>Grade Awarded</b>	<input type="text"/>
Name of Assessor .....		
Recommended Grade .....	Documentation Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Limits set/notes .....		
.....		
.....		
Line Manager:	Approve <input type="checkbox"/>	Reject <input type="checkbox"/> Modify <input type="checkbox"/>
Signed .....		Date .....