

Additional Needs Form

Please use a separate form for each person with additional needs.

You should complete this form if you want to tell us about a medical, mobility or support need which is affecting your current housing only.

The form has three sections. You can complete any combination of these sections that apply to you, for telling us about medical, mobility or support issues that you are currently facing.

If you require this form in a different format, or would like help to complete it, please contact the Housing Options Team on 01622 602440, email: housingnominations@maidstone.gov.uk, or write to: Housing Options, Maidstone House, King Street, Maidstone, Kent ME15 6JQ

First Name

Last Name

Date of Birth

Address

What is the nature of your medical condition(s)?

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

Medication

Dosage

How long have you been taking this?

To be completed by the Council's Medical Advisor

I recommend the points for ill health at: 20(urgent) 15(high) 10(medium) 5(low) NIL

I assess the medical priority to be **URGENT** because:

Reassessment Yes No

Vulnerable if homeless Yes No

FOR OFFICE USE ONLY

APPLICATION NUMBER:

PERSON REFERENCE:

MEDICAL:

MOBILITY:

SUPPORT:

REFERRED FOR

HOME VISIT

OT

ADVISER

Mobility Self Assessment Section

Only complete this section if you have a mobility requirement.

Mobility Level	Type of Need	Examples of the type of property to suit identified need	Self Assessment of Need (choose one level only)
Level 1	Somebody who relies on a wheelchair at all times.	i) Specially built or adapted for a wheelchair user ii) A house where a wheelchair user currently lives and copes well <i>ALL accessibility issues should be considered including outside access to the property and level entrance to drives or pathways.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level 2	Somebody who relies on a wheelchair or mobility scooter, perhaps outside or downstairs.	Ground floor self contained accessible accommodation. Can be house with large reception rooms and bathroom downstairs and parking facilities close to the house.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level 3	Somebody who can walk but with difficulty. Unable to manage steps or stairs.	Ground floor self contained accessible accommodation or house with stairlift or other means of being transported upstairs. Ramped access.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level 4	Somebody who can walk with difficulty and manage one or two steps.	Ordinary accessible accommodation with no more than one or two internal steps, otherwise stairlift will be required.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level 5	Somebody who needs downstairs toilet facilities and perhaps an extra downstairs room for treatment.	Ordinary accessible accommodation, perhaps with scope for adaptation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level 6	People who do not use wheelchairs and can manage one flight of stairs perhaps with difficulty.	Ordinary accessible accommodation, low rise is acceptable with no more than one flight of stairs internally or externally.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level 7	Somebody who has a disability that requires more suitable accommodation which is not covered by any of the above categories or as specified by a Medical Officer.	Ordinary accessible accommodation.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please describe your present accommodation

House

Flat

Maisonette

Bedsit

Other

(please specify)

I have no accommodation

No. of bedrooms

What floor is it on?

Is there a lift? yes

no

Has your present home been adapted to meet your needs? yes no

If yes, in what way?

We may ask the Occupational Therapy Bureau to visit you to assess your requirements or visit you ourselves.

Support Needs Section

If you have a care or support need that you would like to tell us about, please use the tick boxes below:

Issues relating to current domestic violence

details:

Help in gaining access to other services

details:

Emotional Support, Counselling and Advice

details:

Rent Arrears

details:

Anti-social behaviour

details:

Eviction - Arrears / Other (delete as applicable)

details:

Offending behaviour

details:

Discharge from hospital

Date of discharge:

details:

Help in managing finances and benefit claims

details:

Unable to maintain property

details:

Advice, Advocacy and Liaison

details:

Neglect of self

details:

Violence / harassment

details:

Rough sleeper

details:

Life / Parenting skills (delete as appropriate)

details:

IMPORTANT NOTE: A Supporting People Referral Form may be completed and shared with relevant parties who provide housing related support.

I need to move to provide care

I need to move to receive care

Details of person that you need to move closer to:

Name

Address

Date of birth

Care or support need (please outline the need here)

Contacts

Please provide the names and address of the following, where appropriate

Your G. P.

Your Consultant

Your Social Worker

Your Occupational (or other) Therapist

How do the issues you have reported in this form affect you in your home? (For example you need a downstairs toilet, or need to move closer to a relative to receive care)

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, they must sign this declaration as well.

Please read this declaration carefully before you sign and date it.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me and this may include court action, or eviction from any accommodation made as a result of that information.
- You will use the information I have provided to process my application for an allocation of housing.
- You may give some information to other government organisations, such as the Supporting People Service, if the law allows this.
- You may ask your medical advisor, or another government organisation to communicate with any of the contacts I have provided in this form.
- You may visit me in my current accommodation or ask another government organisation to do so in connection with the information I have provided in this form

I **know** I must let the council know about any change in my circumstances which might affect my claim.

I **declare** that the information I have given on this form is correct and complete.

Signature of person claiming

Date

Partner's Signature

Date

Phone number (optional)

To be filled in by the person filling in the form if it is not the person claiming

Tell us why you are filling in the form for the person claiming

Your name

Your signature

Your relationship to the person claiming

Date