

Please complete in black ball point pen

Only to be completed if you are having difficulty managing in your current Property

Property Needs Assessment



FOR OFFICE USE ONLY

Applicants name: Reference number:

Date received: Time received:

Received by:

Date passed to Central Allocations:

Date received by Central Allocations:

a partnership between...



GUIDANCE NOTES

The information in this Property Needs Assessment form is required to enable the West Lothian Housing Register to assess your health needs and how they relate to your application for housing. Please answer all questions that relate to you in your own words.

Please note that NO medical priority will be given for any of the following:

MEDICAL CONDITIONS

Nervous debility or breakdown	Growing pains
Glue ear, grommets, middle ear infection	Skin problems or disease
Temporary orthopaedic problems such as broken bones or sprains	Glandular fever
Epilepsy controlled by medication	Hernia or rupture
Bronchitis or chesty cough	Bedwetting or enuresis
Obesity or being overweight	Duodenal or gastric ulcers
Sexually transmitted diseases (excluding HIV)	Hiatus hernia
Mental Health/Learning Disability	Any temporary illness including recovering from an operation
Anxiety/Depression/Stress	Varicose veins
Alcoholism/Drug Abuse	

SOCIAL CONDITIONS

Central heating priority	Overcrowding
Pregnancy	Under occupancy
Problems with neighbours	Whether or not you have a garden
Harassment	Homelessness
Being a single parent	Living with relatives
Marital or relationship problems	Problems with the structure of your home - no bath, type of windows or heating
Illness of relatives	
Dampness	

Please note, the West Lothian Housing Register aims to assist applicants

- Where an applicant's medical condition or disability is affected by their house type.
- Where it is demonstrated that an applicant requires i.e. an adaptation which will meet their needs and allow them to remain in their current accommodation.

Through this process the West Lothian Housing Register aims to assist applicants that have a need to either move to a property that is better suited to their needs or to ensure that their existing property meets their needs as a result of the installation of adaptations or provisions.

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS

PLEASE ✓ BOXES AS APPROPRIATE

If applying for any of the following reasons, these criteria must be met:

Epilepsy/Seizures

The applicant is under the care of a named Specialist Nurse in epilepsy and/or a Consultant Neurologist. In the opinion of the Specialist, any drug treatment has been optimised. The applicant's home contains a flight of six or more stairs and it is unsafe for the applicant to negotiate these stairs without supervision. Points will not be awarded to an applicant because they consider that the rooms in the house are small.

Note: Epilepsy/Seizures of this sort is inconsistent with the person holding a driving licence or being able to walk near heavy traffic without being accompanied.

Asthma

The applicant must be under the care of a Physician specialising in Respiratory Disorders and/or in Allergic Disorders. The applicant must be compliant with treatment and that treatment must be optimised. The Specialist will need to clarify why the property is unsuitable.

Property Needs Assessment Form

1. Housing applicant

Name

Address.....
.....
.....

Post Code Date of Birth.....

Telephone No.

2. Person in Household seeking assessment (if different from above)

Name

Address.....
.....
.....

Post Code Date of Birth.....

3. Relationship to applicant

MEDICAL PROBLEM/DISABILITY

4. Please describe the medical/disability problem

.....
.....
.....
.....

Medication - Please list your medication here:

5a. How does the medical problems/disability make your present home unsuitable?

.....

.....

.....

.....

5b. Please tell us how you are able to carry out the following activities (please tick)

TASK	INDEPENDENT	ABLE WITH HELP	DEPENDENT
Bathing/Washing/ Showering			
Using the toilet			

6a. Have you recently had an Occupational Therapist assessment carried out?

Yes No

If Yes, please provide contact details of the person who carried out the assessment:

.....

.....

6b. Please advise of your G.P's name and address and that of any other health professional with whom you have had recent contact. (We may need to contact them).

G.P's

Other Health Professional

Name

Name

Address

Address

15. Is your current home wheelchair accessible?

Yes No

16. How many stairs can you climb?

None One or Two One Flight (average 14 stairs)
More than one flight of stairs

Declaration

I agree that in accordance with the terms of its registration under the Data Protection Act 1998, the Partner Landlords of the West Lothian Housing Register may use the information I have supplied.

I consent that my doctor, hospital consultant, health visitor, social worker or any other relevant person can be contacted if more information is needed for my Property Needs Assessment application.

Print Name

Signature Date

FAILURE TO SIGN THIS DECLARATION WILL RESULT IN THE FORM BEING RETURNED TO YOU AND WILL DELAY YOUR ASSESSMENT.

This form can be returned to any of the following:

Almond Housing Association

New Almond House,
44 Etive Walk, Craigshill
Livingston EH54 5AB
Tel: 01506 439 291

Weslo Housing Management

66 North Bridge Street
Bathgate
EH48 4PP
Tel: 01506 634 060

West Lothian Council CSC Offices

Tel: 01506 775000

Armadale CSC
1/3 East Main Street
Armadale EH48 2QA

Bathgate CSC
5-9 Edinburgh Road
Bathgate EH48 1BA

Blackburn CSC
The Mill Centre, 10 Sycamore Walk
Blackburn EH47 7LQ

Broxburn CSC
Strathbrock Partnership Centre
189a West Main Street
Broxburn EH52 5LH

Fauldhouse CSC
Fauldhouse Partnership Centre
Lanrigg Road
Fauldhouse EH47 9JD

Linlithgow CSC
County Buildings
Linlithgow EH49 7EZ

Livingston CSC
The Ability Centre
Carmondean
Livingston EH54 8PT

West Calder CSC
24-26 Main Street
West Calder EH55 8DR

West Lothian Connected CSC
Almondvale Centre
Livingston EH54 6SN

Whitburn CSC
5 East Main Street
Whitburn EH47 0RA

APPLICANTS WITH SPECIAL REQUIREMENTS

Information is available in Braille, on tape, in large print and community languages.
Please contact the Interpretation and Translation Service on **01506 775000**.

هذه المعلومات متوفرة بلغة بريل وعلى شريط وبخط كبير وبلغات الجالية.

الرجاء الإتصال بخدمة الترجمة على الهاتف 01506 775000

এই তথ্য আপনি ব্রেইল, টেপ, বড় অক্ষরে এবং কমিউনিটির বিভিন্ন ভাষাগুলিতেও পাবেন। অনুগ্রহ করে ইন্টারপ্রেটেশন অ্যান্ড ট্রান্সলেশন সার্ভিসের সঙ্গে যোগাযোগ করুন। টেলিঃ 01506 775000

這份資料是可以凸字、錄音帶、大字印刷及社區語言的式本提供。請聯絡傳譯及翻譯服務部，電話：01506 775000

ਇਹ ਜਾਣਕਾਰੀ (ਬ੍ਰੇਲ) ਨੈਤਰੀਨ ਟੇ ਪੜ੍ਹਣ ਵਾਲੀ ਲਿਖੀ, ਟੈਪ, ਵੱਡੇ ਫਿੰਟ ਅਤੇ ਸਮਾਜ ਦੀਆਂ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ। ਫ਼ੋਨ ਨੰਬਰ 01506 775000 ਅਤੇ ਟਰਾਂਸਲੇਸ਼ਨ ਸਰਵਿਸ ਨੂੰ ਇਸ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ :

یہ معلومات بریل (اندھوں کے رسم الخط)، ٹیپ، بڑے حروف کی طباعت اور کمیونٹی میں بولی جانے والی زبانوں میں دستیاب ہے۔ براہ مہربانی انٹرنیشنل اینڈ ٹرانسلیٹنگ سروس سے ٹیلیفون نمبر 01506 775000 پر رابطہ قائم کریں۔

Informacje te mogą być przekazane na język Braille'a, dostępne na taśmie magnetofonowej lub wydane dużym drukiem oraz przetłumaczone na języki mniejszości narodowych.
Prosimy o kontakt z Usługami Tłumaczeniowymi pod numerem 01506 775000.

Text phones offer the opportunity for people with a hearing impairment to access the Partner Landlords.

The Text Phone number is **18001 01506 464427**.

A loop system is also available in all West Lothian Council offices.

June 2010