



Applying for a flat on health /medical grounds

If you have a medical condition that you believe is being made worse by your current accommodation, and you would like the House Authority to consider this when assessing your housing application, you will need to submit a completed medical assessment form.

The form is in two parts; Part A is to be completed by the applicant and Part B by a medical professional. Please note that the form must be fully completed by the applicant/patient prior to it being given to the doctor for completion and submission.

You can either make an appointment with a medical professional in order for them to complete their part of the form. You are reminded the form has to be completed by both a medical professional and the applicant or you can leave the form at the Primary Care Centre reception for the attention of your specific GP for completion. Please note it will take approximately a week for the forms to be completed. In order to facilitate matters arrangements have been made for the forms to be submitted to the Housing Department directly. In cases where the form is being completed by a private medical professional, please liaise with the Housing Allocation Committee Secretary to submit the completed form.

The Housing Allocation Committee will consider all the information provided on the form, it is therefore imperative that you have included everything you want considered. The secretary of the Housing Allocation Committee will notify you of the outcome of your medical assessment in writing.

Disclaimer

It should be noted that the Housing Allocation Committee conducts an assessment on how the current housing circumstances are adversely affecting or worsening the medical condition or disability of the person concerned.

The fact that a medical categorisation may not be granted does not in any way mean that the Housing Allocation Committee is commenting on the illness but rather on their analysis in relation to the housing situation. In other words, it is not the seriousness of the medical condition or the disability itself but that there is a clear, adverse and demonstrable link between the current accommodation and the illness.

APPLICATION FOR MEDICAL CATEGORIZATION

PART 1 - To be completed by the applicant – PLEASE ENSURE THIS SECTION IS FULLY COMPLETED BEFORE ENGAGING WITH THE GP/MEDICAL PROFESSIONAL FOR COMPLETION OF PART 2

Name:

Address:

Date of Birth:

Contact No.:

E-mail:

Please provide details of your current home

What type of accommodation do you occupy?

House Flat Other – Please specify _____

Does your flat have ramped access?

Yes No

Is your accommodation:

Government rented Privately owned Privately Rented Other

What floor level is your accommodation?

Number of bedrooms in your accommodation?

How long have you lived at this property?

Please provide details of how your medical condition is affected by your current home

Is access into your home a problem? Yes No

If yes, please explain why external access into your current home is unsuitable:

Is the internal environment of your home a problem? Yes No

If yes, please explain why your current home environment is unsuitable:

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Do you need a change to your toilet/bathing facilities? Yes No

If yes, please explain why your current toilet/bathing facilities are unsuitable:

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Do you need a change in the area you live in for medical reasons? Yes No

If yes, please explain why the location of your current home is unsuitable:

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Please provide details of the persons involved with your health

Name of GP	
Address	

Name of Medical Professional	
Address	

I hereby confirm that the information provided herein is accurate, correct and complete and that any documents submitted along with this application form are genuine.

Applicant Signature:

Date

Part 2 - To be completed by your Medical Practitioner/Professional

Applicant/Patient Name:

Give details of the applicant's physical or mental medical conditions that are impacted by their housing situation

Medical Problem	Medication

Have you visited the applicant's home? Yes No

How is the patient's physical or mental health affected by their housing conditions?

Would a move to a different accommodation improve their health significantly? If so, how?

Any further comments you feel is relevant.

Which of the following statements most closely describes the patients' situation?

Patient requires immediate allocation due to life threatening circumstances	
Patients illness will become life-threatening if they are to stay in their current accommodation	
Due to current medical condition it is no longer reasonable for the patient to stay in their current accommodation	
Illness is likely to continue to seriously deteriorate if they continue to reside in their current accommodation	
Patient is physically disabled and is not able to make full use of the facilities in his current accommodation	
Change in property will significantly improve the patients mobility	
Change in property will moderately improve the patients health	
Accommodation does not affect illness or disability.	

Date: _____ / _____ / _____

Practitioner's / Professional Name: _____

Relation to patient: _____

Signature of Practitioner / Professional: _____

Practice / Professional Stamp: _____