



**IN CONFIDENCE**

**APPLICATION FOR MEDICAL POINTS IN SUPPORT OF HOUSING APPLICATION**

This form should be completed if you have a housing application with either Shetland Islands Council (SIC) or Hjaltland Housing Association (HHA), and you, or a member of your household, feel your health is being affected by your current living conditions.

Where there is more than one person whose health is affected by your current accommodation, please complete one form for each person. Only the points for the person assessed in highest health need will be added to the housing application form.

**Points will only be awarded where**

- your health is adversely affected by your current housing circumstances, and a move to alternative accommodation would significantly help this

**Please avoid giving any medical information not relevant to your housing situation as points will not be awarded**

- solely for the presence of a health condition, regardless of its severity
- where there is a short-term illness or where you are expected to recover within 12 months
- solely for pregnancy

**Additional Information**

The Medical Points Panel is made up of senior officers from SIC Housing, HHA and Occupational Therapy. Health professionals may be consulted in complex cases, including GP, community mental health team etc. The panel can request a review of any assessment where a change of circumstance takes place. An example of this would be where a property adaptation has been completed.

The panel will recommend suitable property types for any future offer – i.e. single storey property, wet-room, wheelchair accessible etc.

An application will not be considered for re-assessment, unless there has been a significant deterioration in health which makes the accommodation unsuitable, and this has been confirmed by a health professional.

**Medical Points available under this assessment;**

Points Level SIC	Points Level HHA	Criteria
0	0	Current accommodation has <b>no impact</b> on health. Suitable adaptations can be made to existing property.
20	10	Current accommodation has a <b>low level</b> impact on health. Suitable adaptations can be made to the existing property.
50	15	Current accommodation has a <b>moderate impact</b> on health. Adaptations not available to fully alleviate situation.
75	20	Current accommodation has a <b>significant impact</b> on health. Adaptations not available to fully alleviate situation.
100	25	Current accommodation <b>not a long-term viable housing solution</b> . Adaptations not available to fully alleviate situation.

HHA award 5 points whilst awaiting assessment.

Please complete all sections of the application form, including the declaration, which will permit us to contact relevant health professionals to assist in the assessment of your housing need. Please make contact if you require support to complete the form.

The completed form should be returned to the specific landlord, either:

SIC Housing Service  
6 North Ness Business Park  
Lerwick  
Shetland  
ZE1 0LZ

Hjaltland Housing Association  
2 Harbour Street  
Lerwick  
Shetland  
ZE1 0LR

## Application details

1 Name of applicant

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2 Present address   
  
  
Postcode

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3 Home Number  Mobile Number

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4 Email address

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5 Name of household member  
this form relates to:

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6 Date of Birth

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7 Does the person have a GIRFEC or Understanding You? YES  NO

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8 If so, who is named as the lead professional?

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9 Do you consent for the information in this form to be shared with the panel for the purposes of this application? YES  NO

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10 What is the health condition affecting the household member? (Please tick all that apply)

Physical health  Mental health  Learning disability

Please provide further details of your health condition; including any professional opinion or diagnosis.

## About your current home

11 Thinking about the health condition, please explain why your current home or location is not suitable:

12 Please tick the appropriate box for your current home:

Bedsit	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Multi-storey house	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	1st or 2nd floor flat	<input type="checkbox"/>	Caravan/mobile home	<input type="checkbox"/>

Please list the number of external steps to access the property

Please list the number of internal stairs, where applicable

13 Please tick the appropriate box for your current home:

Toilet facilities upstairs	<input type="checkbox"/>	Toilet facilities downstairs	<input type="checkbox"/>	Bedroom upstairs	<input type="checkbox"/>
Bedroom downstairs	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Bath with shower	<input type="checkbox"/>
Step-in shower	<input type="checkbox"/>	Wet-room with shower	<input type="checkbox"/>	Hand rails	<input type="checkbox"/>
Stair lift	<input type="checkbox"/>	Ramped access	<input type="checkbox"/>	Tracked ceiling hoist	<input type="checkbox"/>
Widened doors for wheelchair	<input type="checkbox"/>	Specially adapted kitchen	<input type="checkbox"/>	Driveway adaptations	<input type="checkbox"/>

14 Has your property had any other adaptations to help with your health condition?

15 Do you feel there are adaptations that could be made to your existing property to improve your circumstances?

**Mobility**

16 Do you have difficulty:

Getting in/out of the bath	<input type="checkbox"/>	Getting on/off the toilet	<input type="checkbox"/>	Going up/down stairs	<input type="checkbox"/>
Going from room to room	<input type="checkbox"/>	Entering/exiting the property	<input type="checkbox"/>		

17 If you have ticked any of the boxes above, please explain in some more detail:

18 Please provide detail of equipment used by the household member – this could include; wheelchair, walking aid, hospital bed, mobile hoist, equipment for a bath or shower .

19 Do you, or any members of your household, have access to a car? YES  NO

## Support

- 20 Please list all support services received by the household member that you feel are relevant to this application. We may need to contact the people / agencies you list for further information about how your health is affected by your current living conditions.

Support Services	Contact name	Address/Telephone number	How frequently are you in contact with them?
Relative/Carer			
GP			
Health Visitor			
Physiotherapist			
Occupational Therapist			
Community Nurse			
Community Psychiatric Nurse			
Community Mental Health Team			
CAMHS			
Psychologist			
Learning Support Worker			
Social Worker			
Care at Home			
Housing Support Shetland			
Third Sector Agencies (e.g. Women's Aid)			

**Information will only be sought on how your health is affected by your current living conditions.**

## Declaration

- 21 The information provided by you is processed in accordance with the Data Protection Act 2018 to allow us to effectively award medical points in relation to a housing application. The Data Protection Act 2018 gives you the right to know how we will use your data. Further information about how we use your personal data is available from Housing Service or the Council's website at <http://www.shetland.gov.uk/information-rights/DataProtection.asp> and <http://www.shetland.gov.uk/information-rights/PrivacyStatements.asp>. Information is also available on Hjaltland Housing Association's website at [https://www.hjaltland.org.uk/site/assets/files/2070/privacy\\_notice\\_tenants.pdf](https://www.hjaltland.org.uk/site/assets/files/2070/privacy_notice_tenants.pdf).

I confirm that to the best of my knowledge, the details I have entered on this application form are true and accurate.

I confirm my agreement to this application being assessed by the Medical Points Panel comprising of representatives from both SIC and HHA as detailed on page 1.

I give permission for the agencies selected above to be contacted, to assist in the assessment of this application if required.

I am applying to be housed by  Both SIC Housing and Hjaltland Housing Association

SIC Housing only  Hjaltland Housing Association only

Signature of person for whom points is sought  
(this should be a parent or guardian for a child)

Named Power of Attorney (if applicable)

Signature of Power of Attorney

If someone who is not your POA/ guardian/ parent has completed this form on your behalf, please add their name and address and the reason why you have asked them to complete the form for you.

Date