Shetland Islands Council
Development Services
Housing

Hjaltland Housing Association

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	Assessment information
0	0	The points award will take into account physical health, mental health and any learning disability. The panel will use this sliding scale to award medical points, but only where health is adversely affected by the property and where a move of accommodation would significantly help. For applications relating to physical health, the panel will consider the scope for adaptations to be completed within the existing property to alleviate the impact, as part of the assessment process.
20	10	
50	15	
75	20	
100	25	

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
8 North Ness Business Park
Lerwick
Shetland
ZE1 0LZ

housing@shetland.gov.uk

Hjaltland Housing Association
6 North Ness Business Park
Lerwick
Shetland
ZE1 0LZ

mail@hjaltland.org

Application details

I am applying to be housed by

Both SIC Housing and Hjaltland Housing Association ☐

SIC Housing only ☐ Hjaltland Housing Association only ☐

Preferred method of contact i.e. phone, email, letter

1 Title Mr /Mrs /Ms /Miss /Mx

First name

Surname

2 Present address

Postcode

3 Contact Number Mobile Number

4 Email address

5 Name of household member this form relates to:

6 Date of Birth

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

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

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

Physical health ☐ Mental health ☐ Learning disability ☐

Please provide FULL details of your health condition/s; including any professional opinion or diagnosis.

About your current home

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

11 Please tick the appropriate box for your current home:

Bedsit	Bungalow	Multi-storey house
Ground floor flat	1st or 2nd floor flat	Caravan/mobile home

Please list the number of external steps to access the property

Please list the number of internal stairs, where applicable

12 Please tick the appropriate box for your current home:

Toilet facilities upstairs	Toilet facilities downstairs	Bedroom upstairs
Bedroom downstairs	Bath	Bath with shower
Step-in shower	Wet-room with shower	Hand rails
Stair lift	Ramped access	Tracked ceiling hoist
Widened doors for wheelchair	Specially adapted kitchen	Driveway adaptations

N/A

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

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

Mobility

15 Do you have difficulty:

Getting in/out of the bath ☐ Getting on/off the toilet ☐ Going up/down stairs ☐

Going from room to room ☐ Entering/exiting the property ☐

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

17 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 .

18 Please describe how a change in accommodation would improve your health condition.

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)			

Do not currently receive support from any support service ☐

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.

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.

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 (POA)	
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			