

Medical Priority Application Form

If you are applying for Medical Priority for more than one person, a separate Medical Priority Application Form must be completed for each applicant.

If you need help to complete this application, you can contact us on the details below:

Phone: 0141 577 3723 or 0141 577 3726

Personal details of the person claiming Medical Priority

Full name:

Date of birth:

Name of the main applicant(s): (on the Housing Application Form):

Contact telephone number:

Housing Application Ref Number: (if known)

Section 1 – Physical Health/Mobility Grounds (only complete if applicable)

Tell us:

- **the full details of your physical health/mobility difficulties**
- **the length of time for each medical condition**

Tell us why your current accommodation is having a detrimental impact on your physical health/mobility (provide full details)

Do you use any aids for walking?

☐ **Yes** ☐ **No**

If Yes, tick which of the following you use:

☐ **Walking stick**

☐ **Walking frame**

☐ **Crutches**

☐ **Wheelchair**

☐ **Other, please specify:**

When do you use aids for walking?

☐ **Occasionally**

☐ **All the time**

☐ **Indoors**

☐ **Outdoors**

Do you have difficulties climbing stairs?

☐ **Yes** ☐ **No**

If Yes, tick which of the following apply to you

☐ **I cannot climb any stairs**

☐ **I can only manage a few stairs**

☐ **I can manage to climb one or two flights of stairs**

☐ **Other, please specify:**

Do you currently have an allocated Occupational Therapist?

☐ **Yes**

☐ **No**

If Yes, provide their contact details:

Section 2 – Mental Health Grounds (only complete if applicable)

Tell us:

- **the full details of your mental health issues**
- **the length of time for each medical condition**

Tell us why your current accommodation is having a detrimental impact on your mental health (provide full details)

Are you under the care of a Psychiatrist / Community Psychiatric Nurse (CPN)?

☐

Yes

☐

No

If Yes, provide their contact details:

Section 3 – Medication / Disability Benefits

Do you take medication?

☐

Yes

☐

No

Provide the name and dosage of your medication:

(You will find this information printed on medication containers)

If Yes, you are required to provide proof of any medication you currently take.

Your application cannot be processed without it.

You can:

- scan or take a photo of a repeat prescription and email it to us:
housingallocationenquiries@eastrenfrewshire.gov.uk
- bring your medication to the staff at our offices to take photocopies

Do you receive any Disability Benefits?

☐

Yes

☐

No

Provide full details of all the disability benefits you receive:

If Yes, you are required to provide proof of any disability benefits you receive:

Your application cannot be processed without it.

You can:

- scan or take a photo of your DWP award letter and email it to us: housingallocationenquiries@eastrenfrewshire.gov.uk
- bring your award letter(s) to the staff at our office to take photocopies

Do you consider yourself to be disabled?

☐

Yes

☐

No

If Yes, tell us why:

Are you blind or partially sighted?

☐

Yes

☐

No

If Yes, provide details:

Tell us:

- **the name and address of your Doctor**
- **details of any Consultant or Clinic you attend (if applicable)**

Section 4 - Support Information

Do you receive support from family, friends, home care or nursing professionals?

☐

Yes

☐

No

If Yes, tell us:

- **who helps**
- **what assistance they give you**
- **the frequency of this support**

Section 5 - Your Current Accommodation

What type of property do you currently live in?

☐

Flat

☐

House

☐

Bungalow

☐

Sheltered Housing

☐

Other, please specify:

On what floor (if applicable):

How many steps are there to the following areas?

Number of steps to the front door

Number of steps to the back door

Number of internal steps leading upstairs (if applicable)

Do you require to go upstairs to access the toilet?

☐

Yes

☐

No

What type of heating do you have?

☐

Electric

☐

Gas

☐

Other, please specify:

Do you have problems with your heating, ventilation or dampness?

☐

Yes

☐

No

If Yes, provide details and tell us how it affects your health:

Have any adaptations been carried out to your home?

☐

Yes

☐

No

If Yes, provide details, for example, ramp, wet room, stair lift, handrails:

Do you require aids / adaptations?

☐

Yes

☐

No

If Yes, provide details:

What type of accommodation do you think you need?

I confirm that the information in this medical application is correct and I give my consent to the housing staff discussing my application with the appropriate Housing, Social Work and Medical staff if required.

Signature of Applicant:

Date:

OR

If you have completed the application on behalf of the applicant claiming medical priority, please give your details below:

Name:

Signature:

Relationship to Applicant:

Date:

If you have Power of Attorney for applicant claiming medical priority, please provide confirmation of this.

Thank you for completing this application form.

Your application will be heard at the Medical Priority Assessment Panel.

You will receive a letter detailing the outcome of the Medical Panel's decision in due course.

Medical Priority Application Form

Data Protection Act 2018

The information you supply on this form will be used by East Renfrewshire Council to assess your entitlement and priority for Council housing. We will also use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records. The council will use this information as its processing is necessary for the performance of a task carried out in the public interest in the exercise of official authority vested in us. The information will be shared with other Council Departments, HSCP, other social landlords and local authorities to provide this service and to protect public funds by preventing fraud. Your information may also be shared with bodies responsible for auditing or administering public funds, public sector agencies, governmental departments and other private companies, principally contractors providing services on our behalf and contractors providing IT systems on which housing information is held.

If you do not provide us with the information we have asked for then we will not be able to provide this service to you. You can find out more about how we handle this information and your rights in respect of it by going to <http://www.eastrenfrewshire.gov.uk/housing-service-standards>.

If you have provided anyone else's details on this form please make sure that you have told them that you have given their information to East Renfrewshire Council. We will only use this information to assess your own entitlement to this service. If they want any more information on how we will use their information they can visit our web site at <http://www.eastrenfrewshire.gov.uk/housing-service-standards>

For office use only – do NOT complete

Is the applicant's medical condition likely to improve in the next 12 months?

☐

Yes

☐

No

Level of Priority Awarded:

A

☐

B

☐

C

☐

No priority ☐

Reason for decision:

Further information required ☐

Current Award (if applicable)

Signature of Panel Members

Date of Decision