MENTAL HEALTH MEDICAL NEEDS ASSESSMENT FORM

Guidance for completing this form
If you believe your current home is unsuitable for your mental health needs then please complete this form.

You must complete **all** sections of the form, providing as much detail as possible. Ensure that you give as much information as you can on how your situation could be improved by a move to another property type.

This form is only valid if you have submitted a HomeFinder Application.

Please DO NOT complete this form if any of the following apply:

- Your mental health is related to a temporary situation.
- You are in overcrowded accommodation – this will be assessed in accordance with criteria within the Choice Based Lettings Policy.
- Your property is in disrepair – if you are privately renting, you will need to contact your landlord or Environmental Health to report this.
- You do not currently live in Bassetlaw.
- You do not have a Local Connection to Bassetlaw.
- You are requesting medical priority due to supporting someone – if this is the case please speak to the Housing Registrations Team for advice.

To support this form you **must** provide supporting evidence from a medical professional that confirms:

- Your diagnosed medical conditions
- Prescribed medication/ongoing treatment
- Reasons your mental health is directly affected by your housing situation
- How a move would significantly improve your mental health.

This form will not be considered without supporting medical evidence.

When you submit this form and any relevant supporting evidence, it will be assessed by Bassetlaw District Council's Housing Registrations Team in accordance with the Choice Based Lettings Policy. If deemed necessary, your application will be referred to the Medical Panel for further advice.

Section A – Personal Details

Please complete the below details for the person applying for medical priority.

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please specify	**First Name:**
Surname:	**Date of birth:**
Address:	**Postcode:**
When did you move to this address?	

Contact Details	
Home Phone	
Mobile Phone	
Email	

Section B – Persons living with you/moving with you

Please provide the details of all persons currently living with you.

Name	Date of birth/age	Gender	Relationship to you	Is this person moving with you
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

Section C – Your Current Accommodation

Please provide details of the property you currently live in.

What kind of property do you currently live in?	House ☐ Bungalow ☐ Bedsit ☐ Ground floor flat ☐	Upper floor flat ☐ Maisonette ☐ Caravan ☐ Other ☐ Please specify……
What is your current tenure type?	Bassetlaw tenant ☐ Housing association ☐ Family/friends ☐ Lodger ☐ Tied tenancy ☐	Private tenant ☐ Other council tenant ☐ Owner Occupier ☐ Other ☐ Please specify……
How many bedrooms do you have in your current property?		

What are the current sleeping arrangements in your household?

Please list which household members sleep in which rooms:

Bedroom 1 ……. Bedroom 2 …….

Bedroom 3 ……. Bedroom 4 …….

Other (please detail) …….

……..

……..

……..

If your children require separate bedrooms due to their own medical conditions, you will need to provide evidence of this from a medical professional which details their diagnosed conditions and reasoning for requiring their own bedroom.

Section D – Your Medical Needs

Please list your medical conditions.

Include any diagnosed medical conditions that you have.

Medical condition	Date this condition was diagnosed (if known)

Please list what medications you are currently prescribed.

Please give the name of the medication and the dosage.

Medication and dosage	Condition this medication is taken for

How do your medical conditions make it difficult to manage your current home?

Please give as much information as possible about how your mental health is directly affected by your housing situation.

Have any preventative measures been implemented to resolve your housing needs?

For example, reports to your landlord or Police, alterations to the property, additional security.

Please describe what support you currently have in place for your mental health.

For example – GP, specialist mental health team/CPN, support agencies, family/friends. Please explain what support is provided and how often.

Do you receive any of the following benefits for your mental health? Please tick all that apply	
Incapacity/ESA ☐	Statutory sick pay ☐
Attendance allowance ☐	Disability Living Allowance ☐
Personal Independence Payment ☐	

Do you require regular assistance to do the following tasks? Please tick all that apply		
Getting dressed ☐	Cooking ☐	Cleaning ☐
Bathing ☐	Toileting ☐	Shopping ☐
Taking medication ☐	Attending appointments ☐	

Do you have difficulty accessing local shops/facilities?	Yes ☐	No ☐
Please detail why.		
Have you had, or are you awaiting, a Social Care Needs assessment?	Yes ☐	No ☐
Please provide any further information.		
Do you require any overnight care for your mental health?	Yes ☐	No ☐
Who provides this care?		
How often is this care required?		

Please give any other detail you think relevant for your medical assessment.

Section E – Your New Home

Please provide details on what kind of home would meet your medical needs.

What type of property do you think would best meet your needs?	House ☐ Adapted House ☐ Bungalow ☐	Ground Floor Flat ☐ Upper Floor Flat ☐
Please explain your reasons for this.		

Do you require re-housing in a specific area of Bassetlaw?	Yes ☐ No ☐
Please specify which area.	
Please provide your reasons for needing this specific area.	

Do you have a car?	Yes ☐ No ☐
Do you use public transport?	Yes ☐ No ☐
Do you regularly require support in person at unsocial hours of the day?	Yes ☐ No ☐
If yes, please provide details including who provides this support and how often.	

Section F – Your Medical Professional(s)

Please provide details of medical professionals currently working with you.

Your GP's name	
GP surgery address	
When did you last see your GP?	
Do you receive any daily paid care? Provide company name & details of care provided.	
Do you attend any regular hospital clinics? Please provide details of what clinic, for which condition & how often.	

Do you see a Consultant? Please provide name & for which condition.	Yes ☐ No ☐
When did you last see your consultant?	

Do you have any other professionals working with you?	Yes ☐ No ☐
Name of worker(s):	
Agency worked for:	
How often do you have contact with this worker?	

Section G - Declaration

Please read and sign to give your permission for us to process this form.

I confirm that all information I have given within this form is correct to the best of my knowledge.

I give permission to Bassetlaw District Council to contact any relevant individual or agencies to obtain information which will support my medical needs assessment form.

I understand that if a tenancy is allocated to me on the basis of the information provided within this form and this is false, legal action may be taken against myself and/or the tenancy.

The data collected in this form will only be used for the purpose of assessing your medical need for rehousing and will only be held for the period within the Bassetlaw District Council retention policy. This data may be shared with third parties such as those detailed above DP No Z5609066. For more information, view our Privacy Policy at www.bassetlaw.gov.uk/privacy.

Please note, the person applying for medical priority should sign this form unless:

- *They are under 16 years old – in this case a person with parental responsibility should sign for them.*
- *The person signing has Power of Attorney (POA) for the applicant. Please provide a copy of the relevant POA with this form.*

Signature:	
Print Name:	
Date:	