Solihull Home Options
Medical Assessment Questionnaire

For problems due to neighbour nuisance, repairs or damp please call 0121 7171515 for advice in the first instance as we may not consider these as medical issues.
Proof of a valid close association to Solihull Borough must be provided to allow the Medical Assessment Questionnaire to be processed.

1 **Applicant Details**

Name _____

Date of birth _____

PIN _____

Address _____ Postcode _____

Telephone number _____

Current property type _____

If flat please advise of floor _____

Lift Yes ❑ No ❑

2 **Name of person with medical condition if different from applicant**

Name _____

Telephone Number _____

Date of birth _____

Gender Male ❑ Female ❑

3 **Does the person with the medical condition have a consultant?**

Yes ❑ No ❑ If yes please provide

Name _____

Telephone Number _____

4 **What is the medical condition?**

5 **How does the current accommodation affect their/your condition?**

Proof of your medical condition and why your current accommodation is affecting your condition, must be provided from a professional i.e. G.P or Consultant Specialist. We have attached a tear off slip for them to complete.
Your application will not be processed unless it has been completed

6 **Why would alternate accommodation help you/their condition?**

7 **Do you need to give or receive support from another person who lives in Solihull?**

Yes ❑ No ❑ If yes please provide

Name _____

Address _____

Post Code _____ Relationship to you _____

What support do you give or receive?

Does the person with the medical condition have an Occupational Therapist or other health professional?

Yes ❑ No ❑ If yes please provide

Name _____ Telephone Number _____

8 **What adaptations do you have in your current home?**

Lift	Yes	❑	No	❑
If yes please advise of type	Vertical	❑	Stair lift	❑
Shower	Wet Room	❑	Step in	❑
Grab rails	Yes	❑	No	❑
Ramps	Yes	❑	No	❑
Wider doors	Yes	❑	No	❑
Ground floor bedroom / bathroom	Yes	❑	No	❑

9 **What adaptations do you feel you need in your new home?**

Lift	Yes	❑	No	❑
If yes please advise of type	Vertical	❑	Stair lift	❑
Shower	Wet Room	❑	Step in	❑
Grab rails	Yes	❑	No	❑
Wider doors	Yes	❑	No	❑
Ramp	Yes	❑	No	❑

10 **Do you use a wheelchair inside your property?**

Yes ❑ No ❑

If you have a disability / mobility issues we may refer your details to our Housing Occupational Therapist

11 **Do you take medication? If so please list below with details of dosage and daily intake**

Medication	**Dosage**	**Frequency**

Proof of medication must be provided with completed questionnaire which must be no more than 3 months old

Please provide your NHS Number _____

12 **Please tick below what benefits you are currently in receipt of or advise if employed**

Employed	❑
Universal Credit	❑
J.S.A	❑
E.S.A./ Incapacity Benefit	❑
D.L.A.	❑
P.I.P.	

Your benefit award letter must be submitted with the completed questionnaire

We will not accept your questionnaire without proof / supporting evidence which should be no more than 3 months old. Please note that hospital appointment letters will not be accepted.

Declaration

Please check the information you have provided is correct. Please read the following statements before signing the declaration.

I/We declare that, to the best of my/our knowledge that the information supplied on this form is correct and that I/We will inform Solihull Home Options, Solihull Council, Solihull Community Housing or the partner housing associations of any changes in my circumstances.

I/We understand that under the Housing Act 1996 section 171 that it is an offence to make a false statement, either knowingly or recklessly, to a local authority in connection with any request for housing assistance.

It is also an offence to withhold information, which is requested by Solihull Home Options, Solihull Council, Solihull Community Housing or the partner housing associations

I/We understand that any person found guilty of an offence under this section is liable to a fine of up to £5,000.

Where a tenancy has been granted and it is later found that false or misleading information has been given or information has been withheld, the Council or partner housing associations may commence possession proceedings for the recovery of the property. In these circumstances I/We may lose the right to be re-housed by Solihull Council and partner housing associations.

I/We understand that Solihull Home Options, Solihull Council or Solihull Community Housing and partner housing associations make enquiries regarding this application

Signature: _____ Date: _____

Full Name _____

For completion by your GP Consultant or Other Medical Professional

Applicants Name .....

Address .....

1. What medical condition/diagnosis does he/she have

2. What treatment is he/she receiving

3. Will this medical condition improve with alternative housing? If so how?

Date: _____

Signature _____

Full name _____

Profession: _____

Surgery Address Stamp

VALID ONLY IF STAMPED