

**HOUSEHOLD INCLUSION MEDICAL APPLICATION FORM - CONFIDENTIAL**

If you have an illness or disability **that means you need to live with family members on medical grounds, either because they care for you or you care for them**, the Council will assess the need for the person to be included as part of your household in accordance with our allocations policy.

**A SEPARATE form must be completed for EACH person you want to include in your application, who needs to live with you on medical grounds. This form is not for the applicant, a spouse/partner or their children. It should be used for other relatives such as a parent, niece, nephew, aunt, uncle, or grandparent.**

Please provide any additional information you think may help, such as a GP letter or OT report. If you decide to obtain additional evidence, this will be at your own expense. The Council may also make contact directly if necessary.

Please answer all questions in full as incomplete forms may not provide us with enough information to make an assessment. All information given will be treated confidentially.

**Please do not submit another form once the assessment has been made. Applications are not normally re-assessed within 6 months unless their health significantly deteriorates, or you are able to demonstrate why they must be allowed to be part of the household.**

MAIN HOUSING REGISTER APPLICANT DETAILS						
1. Title:	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	<input type="radio"/> Miss	<input type="radio"/> Master	<input type="radio"/> Doctor
2. First name:						
3. Surname:						
4. Address:						
			5. Postcode:			
6. Date of birth:		7. Sex:	<input type="radio"/> Male	<input type="radio"/> Female		
8. Housing Register Application Number:						

### PERSON TO BE INCLUDED DETAILS

<b>9. Relationship to main applicant:</b>	<input type="radio"/> Niece <input type="radio"/> Nephew <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Grandparent <input type="radio"/> Parent <input type="radio"/> Other			
<b>If other please specify:</b>				
<b>10. Title:</b>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Master <input type="radio"/> Doctor			
<b>11. First name:</b>				
<b>12. Surname:</b>				
<b>13. Date of birth:</b>		<b>14. Sex:</b>	<input type="radio"/> Male	<input type="radio"/> Female

### PERSON TO BE ASSESSED DETAILS

<b>15. Who is being assessed:</b>	<input type="radio"/> Main Applicant <input type="radio"/> Household Member <input type="radio"/> Person To Be Included			
<b>16. Title:</b>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Master <input type="radio"/> Doctor			
<b>17. First Name:</b>				
<b>18. Surname:</b>				
<b>19. Date of birth:</b>		<b>20. Sex:</b>	<input type="radio"/> Male	<input type="radio"/> Female

### ABOUT YOUR PROPERTY

<b>21. Please select the property type that best describes your home:</b>					
House	<input type="radio"/>	Maisonette	<input type="radio"/>	Self-Contained Annexe/ B&B	<input type="radio"/>
Bungalow	<input type="radio"/>	Flat	<input type="radio"/>	Bedsit with shared facilities	<input type="radio"/>
<input type="radio"/> Other (please state):					
<b>22. Number of bedrooms:</b>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 or more				
<b>23. Do you share any part of your home with anyone OTHER than your family?</b>				Yes <input type="radio"/>	No <input type="radio"/>
<b>24. If you said yes to the above question – which parts of your home do you share?</b>					
Bathroom	<input type="radio"/>	Toilet	<input type="radio"/>	Kitchen	<input type="radio"/>
Bedroom	<input type="radio"/>	Hallway	<input type="radio"/>	Living Room	<input type="radio"/>

<b>25. Who do you share with?</b>	
Name:	Relationship to you:
<b>26. How many steps are there to the front door of your home?</b>	
Outside:	Inside:
<b>27. If you live in a flat or maisonette which floor is your front door on?</b>	
<input type="radio"/> Basement <input type="radio"/> Ground <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
<input type="radio"/> Other (please state):	
<b>28. Is there a lift?</b>	Yes <input type="radio"/> No <input type="radio"/>
<b>28a: If yes, how many lifts?</b>	
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Other (please state):
<b>The following questions relate to your property. Floor 0, for houses and bungalows is the ground floor, for flats and maisonettes above the ground floor, it is the floor where your front door is.</b>	
<b>29. On which floor is your bathroom?</b>	
<input type="radio"/> Basement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="radio"/> Other (please state):	
<b>30. On which floor is your toilet?</b>	
<input type="radio"/> Basement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="radio"/> Other (please state):	
<b>31. On which floor is your additional toilet? (if you have one, please answer below)</b>	
<input type="radio"/> Basement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="radio"/> Other (please state):	
<b>32. On which floor is your bedroom?</b>	
<input type="radio"/> Basement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="radio"/> Other (please state):	
<b>33. On which floor is your living room?</b>	
<input type="radio"/> Basement <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	

○ Other (please state):							
<b>34. How is your home heated?</b>							
Gas Central Heating	<input type="radio"/>	Gas Fire	<input type="radio"/>	Underfloor	<input type="radio"/>	Warm/Blow Air Heating	<input type="radio"/>
Electric Fire	<input type="radio"/>	Electric Storage	<input type="radio"/>	District Heating	<input type="radio"/>	Heat Pump	<input type="radio"/>
Other Type	<input type="radio"/>	Please specify:					
<b>35. Have any adaptations been made to your current home to assist your household in managing daily activities?</b>							
Specialist Bath	<input type="radio"/>	Adapted WC	<input type="radio"/>	Adapted Kitchen	<input type="radio"/>	Standing Crossover	<input type="radio"/>
Through Floor Lift	<input type="radio"/>	Stair lift	<input type="radio"/>	Grab Rails	<input type="radio"/>	Hoist Bathroom	<input type="radio"/>
Hoist Bedroom	<input type="radio"/>	Hoist L/Room	<input type="radio"/>	Hoist WC	<input type="radio"/>	External Rail	<input type="radio"/>
Step in Shower Tray	<input type="radio"/>	Key Safe	<input type="radio"/>	Lever Taps	<input type="radio"/>	Low Level Switches	<input type="radio"/>
Graduated Floor Shower	<input type="radio"/>	Parking Bay	<input type="radio"/>	Ramp Access	<input type="radio"/>	Integral Garage	<input type="radio"/>
Doorbell For Hearing Impaired	<input type="radio"/>	Shower Over Bath	<input type="radio"/>	Car Port	<input type="radio"/>	Other	<input type="radio"/>
Other (please state):							

<b>ABOUT YOUR MEDICAL CONDITION</b>		
<b>36. Do you use a wheelchair?</b>	Yes <input type="radio"/>	No <input type="radio"/>
<b>36a. If yes, when do you need to use your wheelchair?</b>		
All the time (indoors and outdoors)	<input type="radio"/>	
Some of the time, usually outdoors	<input type="radio"/>	
Other (please state):		
<b>37. Can you walk up stairs? (choose one)</b>		
I do not have a problem with steps or stairs	<input type="radio"/>	
Stairs are difficult for me, I can manage a flight of stairs	<input type="radio"/>	
Stairs are difficult for me, I can manage one or two steps	<input type="radio"/>	
I cannot manage steps or stairs at all	<input type="radio"/>	

<b>38. Do you have any disabilities or long-term health conditions as defined by the Equalities Act 2010?</b>	Yes <input type="radio"/>	No <input type="radio"/>
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**39. Name and brief description of your disability and/or health condition(s)**


**40. How has your condition changed over time? Has it got better, worse, or does it vary?**


**41. Why do you struggle to live independently, and how do your family members support you?**


**The above question is very important for assessing your application. If you cannot give a detailed answer, we may not be able to assess your application properly.**

<b>42. Have Social Services assessed you for a care package?</b>	Yes <input type="radio"/>	No <input type="radio"/>
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**42a. If yes, please give details of the type of care and name of the Manager:**


	Name of Manager:	
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**43. If you are currently receiving any treatment or medication, please provide details below.**

Name of Treatment/Medication/Therapy	Amount Taken/Dose	How Often	When Started

**44. Please give full name and address of your General Practitioner (GP):**

Doctor (GP):			
Address:			
Post Code:		Tel No:	

**ABOUT HOSPITAL/CLINICAL APPOINTMENTS**

**45. Please provide details of all clinics and professionals (therapists, occupational therapists, physiotherapists, specialists, clinical nurse specialists, and consultants) you are currently registered with or have consulted with, in the past year, regarding your medical condition(s).**

Service No 1:		Last date visited:	
Surname:		First Name:	
Address:			
Post Code:		Tel No:	
Service No 2:		Last date visited:	
Surname:		First Name:	
Address:			
Post Code:		Tel No:	

Service No 3:		Last date visited:	
Surname:		First Name:	
Address:			
Post Code:		Tel No:	
Service No 4:		Last date visited:	
Surname:		First Name:	
Address:			
Post Code:		Tel No:	

<b>ABOUT HOSPITAL ADMISSIONS</b>	
<b>46. Please give details of any hospital admissions relevant to the medical condition you have described:</b>	
Hospital No 1 Name:	
Hospital Location:	
Reason for Admission:	
Date Admitted:	
Length of Stay:	
Hospital Admission Number:	
Hospital No 2 Name:	
Hospital Location:	
Reason for Admission:	
Date Admitted:	
Length of Stay:	
Hospital Admission Number:	

Hospital No 3 Name:	
Hospital Location:	
Reason for Admission:	
Date Admitted:	
Length of Stay:	
Hospital Admission Number:	
Hospital No 4 Name:	
Hospital Location:	
Reason for Admission:	
Date Admitted:	
Length of Stay:	
Hospital Admission Number:	
Hospital No 5 Name:	
Hospital Location:	
Reason for Admission:	
Date Admitted:	
Length of Stay:	
Hospital Admission Number:	



## DECLARATION OF TRUTH

I certify that the information I have given on this form is true and correct to the best of my knowledge. I understand that knowingly making false statements could give the Council grounds for deferring, cancelling or amending my housing registration or for prosecuting me. I also understand that I could lose any tenancy granted as a result of my giving false information.

By submitting this form, I agree that I will notify the Council of any changes in my circumstances that affect the details I have given on it. If you do not give this office the full facts or you deliberately give false information or do not tell this office of any important changes in your situation between your first contact with the Council and the time that a decision is made about your case, you may be breaking the law as set out in Section 214 of the Housing Act 1996. Anyone doing so may be prosecuted by the Council and if found guilty may be ordered to pay a fine not exceeding level 5 on the standard scale.

The information you provide will only be used in connection with your application for housing assistance, providing you with necessary services, prevention of fraud (see next paragraph) and for statistical purposes. Your personal information will be shared with other Council departments for the same purposes only. All information will be treated as confidential and will be held and processed in accordance with the Data Protection Act 2018. The Data Controller is the London Borough of Newham and the nominated representative is the Information Steward.

This Authority is under a duty to protect the public funds it administers, and to this end may use the information on this form and the Housing Registration/Housing Options Form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds.

Name:  (please print your full name)

Signature:

Date:

If you are completing this form on behalf of someone, please give your details below:

Name:  (please print your full name)

Address:

Relationship to the applicant:

Signature:

Date:

## AUTHORITY TO OBTAIN MEDICAL INFORMATION

We may require additional information from your Doctor, Social Worker, Therapist, or any other relevant professionals involved in your care. We may share this information with third parties to assist in assessing your medical needs and making relevant recommendations. We are unable to proceed without your consent. Please ensure that the declaration is completed in full, including your name, address, signature, and date.

### DECLARATION

I authorise my Doctor, Social Worker, Therapist, or any other relevant involved professional (or my child's if under 16) to disclose information about my physical and/or mental health to the Council or any of its representatives to assist with my housing application.

I also authorise the Council or any of its representatives to share this information with third parties for the purpose of assisting in assessing my medical needs to make appropriate recommendations.

Name:  (please print your full name)

Address:

Signature:

Date: