

Please read the section on Medical Assessments in the 'Guide to West Norfolk Homechoice' before completing this form. You do not need to send a letter from your doctor. If your medical problem is one related to mental health rather than a physical condition or illness, a 'Special Needs Assessment Form' is available. If you or a member of your household have both a physical and mental illness, both forms can be completed. In some cases a home visit will be carried out to verify the information given.

Please complete the form in full and return it to **West Norfolk Homechoice, General Housing Services, Borough Council of King's Lynn & West Norfolk, King's Court, Chapel Street, King's Lynn, Norfolk PE30 1EX**. If you need help or advice completing the form please telephone West Norfolk Homechoice on 01553 616678.

For office use only

Date received.....

Registration number.....

Name and address of person applying for medical priority

Surname
First names
Date of birth
Telephone number

Address

Type of property you are currently living in (please tick as appropriate)

House Bungalow Maisonette/flat Bedsit Hostel Supported housing
Other Please describe

Number of bedrooms

Number of steps inside the property Number of steps outside the property

Describe the heating

Medical condition(s) affecting the applicant

Please describe your medical condition

Please tell us how this makes living in your current home difficult

Please tell us how living in your current accommodation makes the medical condition worse

Medical condition(s) affecting others who will be moving with you

Name of person(s) affected

Please describe the medical condition

Please tell us how this makes living in their current home difficult

Please tell us how living in their current accommodation makes the medical condition worse

Medication currently being taken for the medical condition(s) above

Name of person affected

Medication currently being taken

Care needs

If anybody that is moving with you receives care, please tell us who gives it (e.g. Social Services, family), the nature of the care given and the number of hours per week that you receive help.

If anybody that is moving with you is registered disabled please tell us who

Name

Name and address of doctor

Name

Address

When did you last see your doctor regarding the medical condition(s) described above

Type of accommodation required

Please tell us below what type of accommodation you require, include the kind of property e.g. warden assisted, number of bedrooms and any special facilities needed e.g. level access shower

Declaration

The above statement of health is true to the best of my knowledge. I give my permission for the above information to be placed before the West Norfolk Homechoice Medical Assessment panel and for further information to be sought from my doctor if necessary. I understand that if I am offered accommodation because of any false information that I have given to West Norfolk Homechoice, the landlord may withdraw the offer of accommodation and take legal action to end any tenancy that I have already signed for.

Your signature

date

Data protection

The Borough Council of King's Lynn & West Norfolk will use your information for Housing Register purposes. We may share the information you have provided with government agencies/departments, local authorities and registered social landlords to check the accuracy of the information, as permitted by law. The Council, in order to protect public funds that they handle may use the information on this form to prevent and detect fraud and may share it with other organisations for that purpose. You have a right to ask for a copy of the information we hold on you, which is subject to the Data Protection Act 1998 (for which a small charge will be made) and to correct any inaccuracies.

FOR OFFICE USE ONLY

Housing Welfare Officer's Comments (including notes of any home visit)

Date of home visit Name of visiting officer

Date of medical panel assessment

Priority awarded please tick appropriate box

None Low Medium High

Notes

Name of panel member signature

Name of panel member signature

Name of panel member signature



**West Norfolk
Homechoice**

**GENERAL
HOUSING SERVICES**

*King's Court, Chapel Street,
King's Lynn, Norfolk PE30 1EX
Telephone 01553 616678
email www.west-norfolk.gov.uk*