

This form is to be completed if you have a mental health condition or care or support needs that a change of housing would significantly improve. This form **MUST** be completed by a professional worker e.g. CPN, Social Worker, Doctor, or a support agency worker who has knowledge of your circumstances.

Any information provided will be dealt with the strictest confidence and be presented to the West Norfolk Homechoice Medical Assessment panel for consideration. Once completed the form should be returned 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 have any queries regarding this form please telephone West Norfolk Homechoice on 01553 616678.

For office use only Date received.....

Registration number.....

Name and address of professional worker

Name Address

Telephone number

Name and address of Housing Register applicant

Name Address

Type of property the applicant currently lives in (please tick as appropriate)

House Bungalow Maisonette/flat Bedsit Hostel Supported housing

Other Please describe

Number of bedrooms

Condition affecting the applicant

Please describe the condition or care and support needs affecting the applicant

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

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

Medication currently being taken by the applicant

Care and support currently being given to the applicant

Please tell us the type and location of accommodation needed by applicant

Signature of professional worker

Date

Position held by worker

Data Protection The Borough Council of King's Lynn & West Norfolk will use the information provided 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 may 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 supplied, 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 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*