

Completing the Form

Section A - Details about you and your home.

Section B - Medical Priority.

You must ensure that you complete both sections of this form and sign the declaration. Include as much information as possible including medication, etc. If information is missing, we will be unable to fully assess your needs.

Section A - Details about you and your home

1. If you live in a flat, is there a lift in the building? Yes No
2. How many steps are there at your front door entrance?
3. Where is your toilet? (please tick one or more boxes)
Upstairs Downstairs Same Floor Outside
4. Where is your bathroom? (please tick one or more boxes)
Upstairs Downstairs Same Floor
5. Where is your bedroom?
Upstairs Downstairs Same Floor
6. Number of bedrooms in your current property
7. Number of bedrooms available to you
8. How long have you lived at this address?
9. If you are lodging or have no fixed abode please explain why you left your last settled address

10. Please give details below of your last address detailing when you left & the type of tenure.

Address	Date left	Tenure type, e.g. renting, owner, etc.

11. What areas are you requesting to move to? Please state the part of Wigan Borough by area name e.g. Scholes, Howe Bridge, Marsh Green, Higher Folds, Atherton etc.

12. Please give any specific details of the property type or location of the accommodation you are looking for, if you are moving to be closer to family support please give address of who you wish to live closer to.

13a. Have you ever served in the Armed Forces? Yes No

b. If 'yes' please give details

c. If you or your partner are serving or have formerly served in the Armed Forces, please provide details of your service number

Section B - Applying for Medical Priority

1. Please give details of all your medical condition(s) below

Medical condition	How long have you had this condition?

2. Please refer to your prescription for assistance in completing this section.

Please list the details of any medication you are taking including the dosage or attach a copy of your repeat prescription showing the details of your medication.

Medication	Dosage

Please complete questions 1 & 2 in full.

Without this information we will not be able to assess your application.

3. Please tell us why your current accommodation does not meet your housing needs and how your health or wellbeing would improve if you moved to different accommodation

4. Mobility

Do you use any of the following and how often? (please tick one box for each)

- | | | | | |
|----------------------|---------------------------------|--------------------------------|------------------------------------|--------------------------------|
| Walking stick | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |
| Zimmer frame | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |
| Crutches | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |
| Wheelchair indoors | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |
| Wheelchair outdoors | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |
| Motorised scooter | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |
| Motorised wheelchair | always <input type="checkbox"/> | often <input type="checkbox"/> | sometimes <input type="checkbox"/> | never <input type="checkbox"/> |

5. Do you have any adaptations in your home? Yes No
If 'Yes', please indicate details below.

- | | | |
|---------------------------------|-------------------------------------|---------------------------------------------|
| Shower <input type="checkbox"/> | Stair Lift <input type="checkbox"/> | Through-Floor Lift <input type="checkbox"/> |
| Ramp <input type="checkbox"/> | Hoist <input type="checkbox"/> | Other <input type="checkbox"/> |

Other, please detail here

6. Have you applied for any adaptations? Yes No
If 'No', why not?

7. If 'Yes', (a) when did you apply?

(b) who did you apply to?

What was the outcome?

Please note that if an Occupational Therapist has assessed your current home and has agreed adaptations but you have refused this work as you prefer to move, then we will take this into consideration when we assess this application. This may result in you not being awarded further priority.

8a. Would you stay in your current home if it could be adapted to suit your needs? (for example, grab rails or stair-lift) Yes No

If 'No' why not?

8b. Have you been assessed by an Occupational Therapist? Yes No

Please note that we may forward your application to the Council's Occupational Therapy Team to see if they can help you to stay in your current home.

9. What adaptations would you require in your new home?

10. If you use a wheelchair, do you require assistance to transfer from your wheelchair to other equipment/furniture? Yes No

11. Do you use any specialist equipment, for example, a commode or a bath hoist?
If you do, please write details below

12. Do you require low level facilities? Yes No

13. Can you use the stairs? (please tick one box)

On your own easily On your own with difficulty With help Not at all

14. Can you wash and dress? (please tick one box) Alone With help

15. Shopping, Cleaning and Cooking (please tick one box) Alone With help

16. Do you have regular visits from?

District Nurse

Home Care Worker

Social Worker

Community Mental Health Team Worker

Health Visitor

Occupational Therapist

Other, please specify

17. Please list their name, address & contact telephone number below.

How often do they visit you?

18. Do you have a carer?

Yes No

Does your carer live with you at the moment?

Yes No

Do you need an extra bedroom for your carer?

Yes No

Does your carer receive Carers' Allowance?

Yes No

Please provide full details of your carer, name, address, telephone number & relationship to you

19. Do you receive any benefits because of your disability? Yes No

If 'Yes', please write details below

If you have any social care needs, or feel that you would benefit from an assessment, please contact Wigan Council's Central Duty Team
Tel: (01942) 828777 to see if you are entitled to assistance

20. Please write the name, address and telephone number of your doctor below.

Declaration

I understand that Wigan Council may need to contact other agencies for information about me so that they can process my application. Wigan Council need my permission before they can do this. This could include Housing Benefits and Council Tax, other landlords, the Benefits Agency, Probation Service, the Police and Social Services. Wigan Council may not be able to process my application without this information.

I give permission for Wigan Council to contact any relevant agencies, including my present and/or former landlord. I give these agencies permission to share any information they hold on me with Wigan Council so that they can deal with my housing application.

I understand that Wigan Council will only use any information they get from other agencies to deal with my application.

I understand that Wigan Council may share any information they hold on me with various Council departments and other organisations that deal with public funds to prevent and detect fraud.

The information I have given on this form is correct. I understand that if I have given any false or misleading information on this form I could be evicted from my new tenancy.

Applicant

Signed

Date

Joint Applicant

Signed

Date

This information can be made available in large print or other formats. Please telephone 01942 489005 for more information.

People with hearing difficulties who have a Minicom can contact us through the typetalk operator by putting 18001 in front of any of our telephone numbers.

The following phrases say:

If you do not read or speak English and need help understanding this information please leave a message on our community language line and an interpreter will ring you back.

粵語

如果您因看不懂或不曾講英語而在理解這些資訊方面需要幫助，請通過我們的社區語言熱線 01942 488431 留言，會有口譯人員給您回復電話。

عربي

إذا أنت لا تقرأ أو لا تتكلم بالإنجليزية ونحتاج إلى المساعدة لكي تتمكن من فهم هذه المعلومات فالرجاء أن تترك رسالة عندنا على خط الجالية الخاص باللغة العربية رقم 01942 488430 ومن ثم سوف يتصل بكم مترجم.

فارسي

اگر نمی توانید متون انگلیسی را بخوانید یا به زبان انگلیسی صحبت کنید و برای درک این اطلاعات نیاز به کمک دارید لطفاً روی تلفن کمک های زبانی محلی 01942 488432 پیغام بگذارید و یک مترجم شفاهی به شما زنگ خواهد کرد.

Francais - Si vous ne pouvez pas lire ou parler l'Anglais et avez besoin d'aide pour comprendre ces informations, veuillez laisser un message sur la messagerie téléphonique de notre service Linguistique en Ligne (Language Line) au 01942 488433 et un interprète vous rappeller

ગુજરાતી

જો તમને અંગ્રેજી ભાષા ન વાંચતા કે બોલતા ન આવડતી હોય અને આ માહિતી સમજવા માટે તમારે મદદની જરૂર હોય તો તમે અમારા સમુદાયની લૉંગવેવ લાઇનમાં આ 01942 488434 નંબર પર એક સંદેશ રાખી મૂકશો, અને અમારા અનુવાદકર્તા તમને સામેથી ફોન કરશે.

اردو

اگر آپ انگریزی پڑھتے یا بولتے نہیں ہیں اور آپ کو ان معلومات کو سمجھنے کے لئے مدد کی ضرورت ہو تو براہ کرم اپنی معاشرتی زبان (اردو) کی لائن 01942 488435 پر پیغام چھوڑیں اور پھر کوئی ترجمان آپ کو واپس فون کرے گا۔