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**Part One: Personal Details**

1. To be completed by the disabled person or current head of household.

Surname:		Date of Birth:	
First Name/s:		Mr/Mrs/Miss:	
Address:			
Postcode:			
Tel:		Email Address:	

2. Household:

Please list anyone whom you *wish to have living with* you and their ethnic origin. This is not necessarily your CURRENT home situation.

Name	Date of Birth	Relationship	Sex M/F	Ethnic Origin*
		SELF		

\*Ethnic Origin: please select one of the following and write in above

White	Black African	Black Caribbean	Black Other	Indian
Pakistani	Bangladeshi	Chinese	Other	

Do you have any pets? Please circle your answer.  
If yes, what are they?

**Yes / No**

.....

**Part Two: Current Housing Situation**

**3. Details of present accommodation. Please circle your answer.**

Type:	House/Flat/Maisonette/Bungalow
Other: (please provide details)	
Level:	Ground Floor/First Floor/Higher
Number of Bedrooms:	1 / 2 / 3 / 4 / 5+

**4. Who owns your property? Please tick your answer.**

Council		Owner-Occupied	
Housing Association		Privately Rented	
Do you live with your parents and are looking for your own house?	<b>Yes/ No</b>	Other (please state)	
Do you live with a friend or partner and are looking for your own house?	<b>Yes/ No</b>	How many people live in your house at the moment? (You can give me more details at the end of the form).	

**5. Have you applied for housing or transfer with any housing provider? (Please circle your answer) Yes / No**

If yes, please state below which housing provider(s)/Associations.

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**6. Preferred Areas**

Would you consider any area of Fife? Please circle your answer.

**Yes / No**

If No, please note a maximum of 3 areas you would be willing to consider below, please number then 1 to 3 in order of preference.

**(1 = favourite preference, 3 = least favourite out of preference list)**

Would you like to be informed of any new housing developments and referred to the relevant housing provider?

Yes, please refer me as appropriate and inform me if this is done

No, I do not want to consider a new housing development

Tick as appropriate.

Please add any additional information about areas of choice:

.....  
.....  
.....

**Part Three: Accommodation Required**

**7. What type of property would you prefer? Please tick boxes.**

Council		Owner Occupied	
Housing Association		Privately Rented	
No Preference		Shared Equity	

**8. How many bedrooms do you want? Please circle your answer.**

Number of Bedrooms?	1 / 2 / 3 / 4 / 5 +
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Reason for needing bedroom/s?

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.....

.....

**9. What kind of property would you like to live in? Please tick ALL boxes that apply to you and mark also with an “E” the things you consider to be ESSENTIAL.**

Level External Access		Terraced	
Full Wheelchair Use Internally		Flat	
Barrier-Free Internally		Unfurnished	
Sheltered Housing		Furnished	
2-Storey (if wheelchair accessible)		Full Central Heating	
Ground Floor Only		All Electric Heating	
Detached		Gas	
Semi-Detached		Other form of Heating	

**Do you wish to add any other information on your housing needs?**

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.....  
**10. What factors will influence your choice? Please circle your answers.**

Close to family and friends, e.g. close to carer/s **Yes / No**

Close to facilities? E.g. shops, library, doctor, leisure  
 Facilities, public transport, schools, post office? **Yes / No**

Have you always lived there, or lived there in the past? **Yes / No**

<b>Part Four: Individual Needs</b>
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**11. Please state which member/s of your household you consider to be disabled people:**

- 1. ....
- 2. ....
- 3. ....

**12. Please tick the box/es that best describes their degree of impairment/s.**

Wheelchair User	
Mobility Impaired (uses mobility aids)	
Mobility Impaired (does not use mobility aids)	
Can't manage more than a flight of stairs	
Downstairs toilet and/or treatment room required	
Other impairment (please state)	

**13. Do you need help with daily living tasks like cooking, cleaning, bathing, and going shopping? (Please circle your answer).**  
**Yes / No**

**14. Does the design or location of your current accommodation limit your ability to get out? Please circle your answer.**  
**Yes / No**

If yes, please specify the reason, e.g. steep hills in surrounding area.

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**15. Please tick any equipment, design features or adaptations you already have or do not currently have but need.**

	Have Now	Need		Have Now	Need
Bath/toilet aids			Sockets raised		
Shower room			Switches lowered		
Wet room			Window locks		
Handrails			Stair lift		
Hoists			Doorways widened		
Walking aids			Ramps		
Bed raiser			Wheelchair		
Chair raiser			Battery operated car		
Kitchen appliances					
Other? Please specify			<b>Have you had a Housing Occupational Therapist report? When?</b>		

**16. If you (or a member of your household) are a wheelchair user, is the wheelchair required inside the home, or outside only? Please tick the relevant box.**

I do not use a wheelchair	
I use a wheelchair inside only	
I use a wheelchair outside only	
I use a wheelchair both inside and outside	

**17. Do you (or a member of your household) have difficulty with any of the following where you live at present? Please circle your answers.**

External steps	Yes / No / With difficulty
Internal steps/stairway	Yes / No / With difficulty
Narrow doorways	Yes / No / With difficulty
Heating controls	Yes / No / With difficulty
What type of heating do you have?	Electric / Gas / Coal / Oil
Bathroom	Yes / No
Kitchen	Yes / No
Storage facilities	Yes / No
Height of sockets	Yes / No
Height of switches	Yes / No

**18. Is there any other problem in your present accommodation?**

If yes, please give details below:

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.....  
.....  
.....

**19. Do you have an emergency call system? Please circle your answer.**

**Yes / No**

**20. Is there any other information you wish to provide?**

- e.g. **Is your house overcrowded at the moment?**  
**Are you experiencing harassment?**  
**Have you been threatened with eviction?**  
**Is any member of your household expecting a child?**  
**Have you any housing related debt as this may be a reason for suspension/offers not being made – if we know about it we can advise you accordingly?**

**Or list any other information which you feel is relevant.**

**The DPHS (Fife) worker will be in touch with you should there be any news of a housing vacancy**  
**or**  
**If they need additional information from you.**  
**Many thanks. Please see overleaf to complete your application.....**

**Please read carefully, the terms and conditions overleaf and SIGN the form as we cannot process the form without your authorizing signature.**

# TERMS AND CONDITIONS

- Informing the DPHS (Fife) of your housing requirements will increase your chances, but it is not a guarantee of finding a new home. DPHS(F) does not allocate housing but liaise with providers of housing.
- The data on this application form may be shared with some housing organizations when appropriate, in order to identify suitable properties to meet your needs.
- The data supplied on this application form will be held on the Fife Disabled Persons Housing Register in compliance with the Data Protection Act, 1984.

**I can confirm that the information given in this form is, to the best of my knowledge, correct and complete. I am aware of the terms and conditions stated above. DPHS(Fife) will not be held liable for inaccurate information given to us. I give the DPHS (Fife) permission to share this data with housing associations and other providers, where appropriate and for such providers to share relevant information about me with DPHS(Fife) in order to assist me.**

Signed ..... Date .....

If you have any queries about this form, or have any problems filling it in, please contact DPHS (Fife). When you send your completed form, your details will be registered on the Fife Disabled Persons Housing Register. **If your needs change, or there is any alteration in your circumstances, or if you manage to find suitable housing yourself, please let us know immediately, preferably in writing.**

We will contact you periodically to see if you still want to move and to ensure the information we hold is accurate. Please return completed form to:

**Disabled Persons Housing Service (Fife)**

**The Roundhouse**

**Priory Campus**

**Victoria Road**

**KIRKCALDY, KY1 2QT**

**Telephone: 01592 223905**

**Email: [enquiries@dphsfife.org.uk](mailto:enquiries@dphsfife.org.uk)**

