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| **OFFICE USE ONLY** |
| Received: |
| Entered Database:Reference Number: |
| Acknowledgement & Copy Sent: |



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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:***(By giving this I agree to receiving my Housing Options Report and other correspondence by email. You can discuss with your advisor whether you want all correspondence via email)* |

1. **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 | BlackCaribbean | Black Other | Indian |
| Pakistani | Bangladeshi | Chinese | Other |  |

**Do you have any pets?** Please circle your answer. **YES/NO**

If **yes**, what are they?

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| Part Two: Current Housing Situation |

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

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

1. **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? | **Yes/****No** | Other (please state) |
| Do you live with a friend or partner and are looking for your own house? | **Yes/****No** | **How many people live in your house at the moment? (You can give me more details at the end of the form).** |  |

1. **Have you applied for housing or transfer with any housing provider?**

(Please circle your answer) Transfer: **YES/NO**

Any other applications - please state below which housing provider(s)/Associations.

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1. **Do you have a Fife Housing Register application number (FHR)?**

**Do you have a note of any points awarded?**

FHR No: Points:

**7. Please list any other workers currently involved in your housing case e.g. Social Worker, Support Worker, Occupational Therapist, Hospital Delayed Discharge Team, Homeless Persons Officer?**

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**8. 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)**

|  |  |  |
| --- | --- | --- |
| **1.** | **2.** | **3.** |

Please add any additional information about areas of choice:

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| Part Three: Accommodation Required |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Socially Rented** | **Privately Rented** | **Owner Occupied** | **Age Exclusive Housing** |
| Council Housing |  | Private Let |  | Home Ownership |  | Sheltered Housing |  |
| Housing Association |  | Mid Market Rent |  | Shared Equity |  | Amenity Housing |  |
|  | Shared Ownership |  | Independent Living (no warden) |  |
| **Plus:** |  |
| Adapting my home |  |

 |

**10. Would you like our Private Sector Worker to contact you?** The PSW works with private landlords, those tenants in a private let or wishing to consider one, home owners or those wishing to become home owners – and those in private sector wishing to look at all their options including adaptation.

Please circle your answer: **YES/NO**

**11. Would you like our 55+ worker to contact you?** *(The 55+ worker specialises in solutions for this age group)*

Please circle your answer: **YES/NO**

**12. Would you like to speak to a volunteer housing mentor?** *This is someone who has had a similar housing issue and now has a solution. E.g. moving into sheltered; self-funding; downsizing.*

Please circle your answer:  **YES/NO**

**13. How many bedrooms do you need? Please circle your answer.**

|  |  |
| --- | --- |
| Number of Bedrooms? |  **1 / 2 / 3 / 4 / 5+** |

**Reason for needing LESS/MORE bedrooms?** E.g. under-occupying; additional family member; needing a room for reasons of disability – if so please briefly explain.

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**14. What kind of property do you need? 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 |  |

**15. Would you be interested in hearing more about any adapted home that becomes available – or one that may be adaptable to meet your needs?** (E.g. stair lift, ramp, wet floor shower)

Please circle your answer: **YES/NO**

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

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**17. 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**

|  |
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| **Part Four: Individual Needs** |

**18. Please state which member/s of your household you consider to be disabled people:**

1. ……………………………………………………………………………

 2. ……………………………………………………………………………

 3. ……………………………………………………………………………

**19. 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) |  |

**20. Do you need help with daily living tasks like cooking, cleaning, bathing, and going shopping?**

Please circle your answer: **YES/NO**

**21. 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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**22. 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 |  |  | **Have you had a Housing Occupational Therapist report? When?** |  |  |

**23. 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 |  |

**24. 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 |

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

If yes, please give details below:

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

**26. Do you have an emergency call system?**

Please circle your answer: **YES/NO**

**27. Would you like to speak to someone confidentially about money/finance matters?**

Please circle your answer: **YES/NO**

**28. How did you find out about us?** *E.g. website, leaflet, word of mouth, referred by social work or other worker.*

……………………………………………………………………………………

**29. 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?

Have you got any financial difficulties?

 Or list any other information which you feel is relevant.

|  |
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|  **The DPHS (Fife) worker will be in touch with you should they need additional information from you, and also to consider any other options you may not yet be aware of.** **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 authorising signature/s.** |

**TERMS AND CONDITIONS**

* Informing the DPHS (Fife) of your housing requirements may increase your chances, but it is not a guarantee of finding a new home or getting a solution to your problem. DPHS(F) does not allocate housing but liaises with providers of housing and other related services. DPHS(F) will assist you in looking at all possible options in order to maximize the opportunity to find a housing solution.
* The data on this application form may be shared with some housing organisations 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.**

*If you are joint applicants, both signatures are required.*

Signed by sole applicant …………………………… Date………………..

Signed by joint applicant ………………………………

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.**

We will contact you periodically to see if you have found a housing solution 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**