



<b>OFFICE USE ONLY</b>
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## Disabled Persons Housing Service (Fife)

If you have any queries about this form, or have any problems filling it in, please **contact us on 01592 803280** or by email [enquiries@dphsfife.org.uk](mailto:enquiries@dphsfife.org.uk).

Please return your completed form to:

**Disabled Persons Housing Service (Fife)**  
**Caledonia House**  
**Pentland Park**  
**Saltire Centre**  
**Glenrothes**  
**KY6 2AQ**

### About you and your household

Mr / Mrs / Miss / Ms

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Male

Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

N.I number \_\_\_\_\_

Address \_\_\_\_\_

Contact Information

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Postcode \_\_\_\_\_

What is the best way to contact you? (circle)

Phone

Letter

Email

If by phone, when is the best time?

AM

PM

### Household Members – Only those moving with you

Name	Date of Birth	Relationship	Male/Female
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

### Do you require an interpreter?

No

Yes, what type: \_\_\_\_\_

### Do you have any pets?

No

Yes, what pets: \_\_\_\_\_

## Your current housing situation

**Are you homeless, or threatened with homelessness?**

No  Yes

**What type of property do you live in?**

House  Flat  Maisonette  
 Bungalow  Other \_\_\_\_\_

**What floor do you live on? (If applicable)**

Ground  First  Higher (please state) \_\_\_\_\_

**How many bedrooms does your home have?** \_\_\_\_\_

**Who owns your property?**

Fife Council  Housing Association  Owner Occupied  
 Privately Rented  Live with parent(s)  Live with friend(s)  
 Other (please state) \_\_\_\_\_

**What disabilities do you or the household members moving with you have?**

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**What makes your current property unsuitable for you?**

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**Do you, or anyone moving with you use a wheelchair, do they:**

Use a wheelchair:  Indoors  Outdoors

**Does anyone have difficulties with:**

External stairs  Internal stairs  Narrow doorways  
 Heating controls  Bathroom  Kitchen  
 Storage space  Socket height  Switch height

**Your current housing situation cont.**

**Have you had any equipment supplied or adaptations made to your home?**

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If no, have you ever requested a Social Work Assessment?

If so, when was this and what was the outcome?

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**Do you wish to remain in your own home?**

No                       Yes

**Would you prefer to remain in your own home if it could be adapted?**

No                       Yes

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

No                       Yes

If not, would you like information about getting one?

No                       Yes

**Accommodation required**

**Have you applied to the Fife Housing Register (FHR)?**

**If so, what is your application number and current points?**

FHR Number: \_\_\_\_\_ FHR Points \_\_\_\_\_

**Have you applied for housing, or transfer, with any other housing providers?**

**If so, which?**

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**What areas would you like to live in?**

Please tick if you would consider any area within Fife

If not, please note the top 3 areas within Fife you would be willing to consider.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Accommodation required

### Which type of housing would you prefer?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Council Housing | <input type="checkbox"/> Housing Association | <input type="checkbox"/> Private Let                  |
| <input type="checkbox"/> Mid-Market Rent | <input type="checkbox"/> Home Ownership      | <input type="checkbox"/> Shared Ownership             |
| <input type="checkbox"/> Shared Equity   | <input type="checkbox"/> Amenity Housing     | <input type="checkbox"/> Retirement/Sheltered Housing |

### What property type do you require? (mark E anything that is essential)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Level external access    | <input type="checkbox"/> Full wheelchair use internally | <input type="checkbox"/> Barrier free internally               |
| <input type="checkbox"/> 2 Storey (if accessible) | <input type="checkbox"/> Ground Floor                   | <input type="checkbox"/> Any suitable already adapted property |

### How many bedrooms do you require? \_\_\_\_\_

Please use this space to briefly tell us why you need more / less bedrooms. e.g. *Under-occupying; additional family member; need a room for reasons of disability*

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## Your household support needs

Please detail any support you current receive and from whom.

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### If you currently receive care/support – would you be interested in knowing about self-directed support?

- No       Yes

## Events and Newsletters

We regularly hold events and distribute our newsletter that may be of interest. If you wish to be contacted about these, please indicate below if you would like to be added to our (e)mailing list.

Yes, add me to the mailing list

Initials: \_\_\_\_\_

We will contact you annually to see if you would still wish to remain on our mailing list.

## Other Information

### How did you hear about our service?

- |  |                                       |   |   |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Saw premises | <input type="checkbox"/> DPHS Leaflet   | <input type="checkbox"/> Internet/Website     |
| <input type="checkbox"/> Hospital      | <input type="checkbox"/> Fife Council | <input type="checkbox"/> Support Agency | <input type="checkbox"/> Other, please state; |

**Please use the space below to add any other information you feel is relevant to your housing needs.**

## Customer Declaration

Please carefully read below and sign the form as we cannot process the form without your authorising signature/s.

The information you provide on this form will be processed with Disabled Persons Housing Service (Fife) in accordance with the UK Data Protection Act 1998.

Disabled Persons Housing Service (Fife) will use this information for the purposes of providing you with independent housing information and advice, compiling anonymous statistical data.

We may contact other agencies, such as housing providers and support agencies to obtain and share further information where required.

By signing you agree to your information being used in this way and that all information supplied on our form is true.

If you are a \*joint applicant, both signatures are required  
*\*partner/spouse*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## External Auditing

I/We agree to the disclosure of my/our case file held by Disabled Persons Housing Service (Fife) "DPHS" to external auditors for the purpose of quality assurance and continuous improvement of the advice service provided by Disabled Persons Housing Service (Fife) "DPHS".

If you are a \*joint applicant, both signatures are required  
*\*partner/spouse*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Equal Opportunities Monitoring Form

Disabled Persons Housing Service (Fife) is committed to promoting equal opportunities and diversity in communities. We assist people in need regardless of sex, marital status, race, disability, age, sexual orientation, language, nationality, religious or political beliefs. To ensure we do not discriminate directly or indirectly we need to keep accurate records of all applicants. Please help us by completing this form. This information is for monitoring purposes only and will not affect your application. **You do not have to provide this information if you do not want to.**

### Ethnic Origin

(please tick one box only for each person)

	Self	1	2	3	4	5
<b>(i) White</b>						
(a) Scottish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Other British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Gypsy/traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) any other white background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(ii) Mixed or multiple ethnic background</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(iii) Asian, Asian Scottish, Asian British</b>						
(a) Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(iv) Black, Black Scottish, Black British</b>						
(a) Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Any other black background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(v) Other ethnic background</b>						
(a) Arab, Arab Scottish, Arab British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) any other group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Nationality

(please tick one box only for each person)

	Self	1	2	3	4	5
UK National, resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Economic Area (EEA) country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UK National returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other country (please state)						

Self	_____	1	_____
2	_____	3	_____
4	_____	5	_____

### Religion – What is your religion?

(please tick one box only for each person)

	Self	1	2	3	4	5
Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't have a religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sexual orientation- How would you describe the sexual orientation of each person?

*Bisexual, Gay Man, Lesbian, Heterosexual (straight), Transgender, prefer not to say*

Self	_____	1	_____
2	_____	3	_____
4	_____	5	_____