



OFFICE USE ONLY
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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.

Please return your completed form to:

Disabled Persons Housing Service (Fife)
West Shop, Laws Close
339 High Street
Kirkcaldy
KY1 1JN

About you and your household

Mr / Mrs / Miss / Ms

First Name _____

Surname _____

Male

Female

Date of Birth ____/____/____

Address _____

Contact Information

Home _____

Mobile _____

Email _____

Postcode _____

Preferred method of contact

Phone

Letter

Email

AM

PM

When is the best time to contact you? _____

Household members moving with you

Name

Date of Birth

Relationship to yourself

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 members of your household have a disability and what are their disability(s)/condition(s)?

If any of your household uses a wheelchair, do they:

Use a wheelchair: Indoors Outdoors

Have difficulties with:

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

Are any of your health conditions or disability made worse or more difficult to manage because of your current accommodation?

Your current housing situation cont.

Has your home ever been adapted in any way for disabled use?

No Yes

If yes, in what way? _____

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

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

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

Would you like to speak with someone regarding money/finance advice?

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?

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*

Your household support needs

Please detail any support you current receive.

Who provides your support?

If you currently receive care/support – would you be interested in knowing about self-directing your support? (our SDS Advisor will contact you)

- No Yes

If you are interested in self-directing your support, would you wish to speak to a SDS mentor? (this is someone who has gone through the journey of getting SDS)

- 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
(i) White						
(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"/>
(ii) Mixed or multiple ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Asian, Asian Scottish, Asian British						
(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"/>
(iv) Black, Black Scottish, Black British						
(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"/>
(v) Other ethnic background						
(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	_____