



Application for accessible housing



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ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦਾ ਹੈ, ਜਿਵੇਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ 'ਤੇ, ਸੀ ਡੀ 'ਤੇ, ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ। ਮੰਗ ਆਉਣ 'ਤੇ ਇਹ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਦਿੱਤਾ ਜਾ ਸਕਦਾ ਹੈ।

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該文件還有其他形式，如語音磁帶、CD、盲文版本及大字體版本。如有需求，還提供其他語言版本。

Ten dokument jest do uzyskania w różnych formatach: na taśmie dźwiękowej, płycie CD, brajlem i dużym drukiem. Na żądanie, można go także otrzymać w innych wersjach językowych.

You should apply for an accessible housing assessment if you, or a member of your household, have a health issue or disability that affects your ability to carry out day-to-day living activities in your home. You need to have already registered an NAHR application for housing.

The focus of the accessible housing assessment is not on the health condition itself, but on the way it affects how the person manages in their home. The person may have been diagnosed with a serious illness or condition, but may already live and manage independently in their current home.

Supporting information

As part of your accessible housing assessment, the occupational therapist may ask for extra information relating to your health condition from the appropriate medical professionals. You will be told about this if it happens.

Mental health

If you need to move because of a mental-health condition, you (or the member of your household) **must** be on the current caseload of a consultant psychiatrist. A member of the mental-health team should also confirm that a significant improvement is likely as a result of rehousing you and that the symptoms are not expected to improve using other treatments alone. We consider applicants with severe and enduring mental-health problems on a case-by-case basis. An 'enduring' mental-health condition is one which cannot be completely cured but can be controlled in some cases.

The accessible housing assessment does not consider if:

- you are overcrowded, or living with relatives;
- you are under-occupying your home (you have unused bedrooms);
- your home needs to be repaired or upgraded.

We consider these needs elsewhere in our housing allocation policy.

We will not award accessible housing points because:

- you are suffering antisocial behaviour;
- you are being harassed by, or are having problems with, your neighbours;
- you have difficulty looking after your garden;
- visitors have difficulty accessing your home;
- you are a private tenant or an owner-occupier;

or where you (or a member of your household):

- are pregnant or looking after young children;
- have an illness you are expected to recover from; or
- have a health condition that does not affect your ability to carry out daily living activities in your current accommodation.

We can award three different amounts of accessible housing points – 100 points, 75 points and 50 points. We will not award any points if your current home meets your household's needs. You have the right to appeal against the decision if you don't agree with it.

Please answer all the questions on the form. If a question does not apply, please write 'Doesn't apply', don't leave blanks. If you do leave blanks, we may return the form to you. You should fill in a separate application form for each person in the household who needs accessible housing. **We will only consider the highest priority for the whole household.**

You should return this form to the NAHR office where you sent your main housing application. Or, if you applied online, return it to the office that has been contacting you. If you have any questions, please contact one of our offices – they are listed on the back of the form.

What is the reference number of your NAHR application for housing?	
Your name (the main applicant on the NAHR application for housing)	
Current address	
Name of joint applicant	
Current address (if different from the yours)	

Section 1: Information about the household member who has a health issue or disability

Name of household member with health issue or disability	
Date of birth	
Relationship to you	
Name of their GP	
GP's address	
GP's phone number	
Please give details of all the health conditions the person has.	
Please give details of any prescribed medication the person is currently taking.	

Does the person receive any health or social-care support in their home (for example, home care, district nursing or occupational therapy)?

Yes No

If 'Yes', please give brief details.

Does the person receive any support from a social worker or health professional?

Yes No

If 'Yes', answer the following questions about them.

What is their name and address?

How often does the person see them?

When did the person last see them?

Does the person receive any allowances relating to health or disability?

Yes No

If 'Yes', tick the box for the rate of the allowance the person receives.

	High	Medium	Low
Disability Living Allowance – care component			
Disability Living Allowance – mobility component			
Attendance Allowance			

If the person receives any of the following allowances please tick the relevant boxes.

Payments from the Independent Living Fund	
Severe Disablement Allowance	
Incapacity Benefit or Employment and Support Allowance	
Disability Premium (added to Income Support)	

Section 2: Information about your current accommodation

Tick all the boxes that describe the current type of accommodation you live in.					
Sheltered housing	<input type="checkbox"/>	Flat (ground floor)	<input type="checkbox"/>	Four in a block (ground floor)	<input type="checkbox"/>
House (three-storey)	<input type="checkbox"/>	Flat (upper floor)	<input type="checkbox"/>	Four in a block (upper floor)	<input type="checkbox"/>
House (end-terrace)	<input type="checkbox"/>	Multi-storey flat	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
House (mid-terrace)	<input type="checkbox"/>	Basement flat	<input type="checkbox"/>	Maisonette (ground floor)	<input type="checkbox"/>
House (semi-detached)	<input type="checkbox"/>	Attic flat	<input type="checkbox"/>	Maisonette (upper floor)	<input type="checkbox"/>
House (detached)	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Amenity housing (for an explanation of amenity housing, please see the housing application guide)	<input type="checkbox"/>
Other (please give details)					
How many bedrooms does your current accommodation have? <input type="text"/>					
(If you have a separate dining room, you should count this as a bedroom.)					

Tick all the boxes that describe the layout of your current accommodation (please tick all that apply)				
Bathroom upstairs	<input type="checkbox"/>	Toilet downstairs	<input type="checkbox"/>	
Bathroom downstairs	<input type="checkbox"/>	Curved inside stairs – stairs which change direction, sometimes with a landing part of the way up	<input type="checkbox"/>	
Bedroom upstairs	<input type="checkbox"/>	Straight inside stairs – stairs which go in one direction	<input type="checkbox"/>	
Bedroom downstairs	<input type="checkbox"/>	Outside steps up to entrance	<input type="checkbox"/>	
Toilet upstairs	<input type="checkbox"/>			

If you have outside steps, how many do you have?

What does your current home have? (Please tick all that apply.)	
Level access entrance (no steps outside the door)	
Ramped entrance	
Door-entry system (not a shared one)	
Outside steps fitted with handrails	
Outside lift	
Community alarm or telecare	
Walk-in shower (wet floor area or level shower base)	
Step-in shower	
Over-bath shower	
Specialist toilet or bath	
Wider doors for wheelchair access	
Stairlift	
Tracking hoist fixed to the ceiling	
Inside steps fitted with handrails	
Adapted kitchen (for example lowered worktops, special sink and so on)	
Adaptations for a person with a hearing impairment	
Adaptations for a person with a visual impairment	
Other (please give details)	

Specialist equipment – Please give details of any medical equipment or other specialist equipment the person currently uses in the accommodation. Examples of medical equipment include a hospital bed, mobile hoist, ventilator or oxygen. Examples of other specialist equipment include equipment for baths, showers or toilets, special seating, walking aids and wheelchairs.

Section 3: Information about the problems the person is having in the current accommodation

Health issue or disability – Please tell us what the health issue or disability is and explain what problems the person has in your current home.

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Please tell us if the person has any difficulty with any of the following. (Tick all that apply.)	
Climbing outside steps	
Getting in or out of the bath or shower	
Getting on or off the toilet	
Climbing the stairs inside the accommodation	
Getting from room to room	
Reaching work surfaces, switches or sockets	
Getting into rooms because of the width of the doors or hallways	
Other (please give details)	

Please give details of any other information that you think is relevant to this application.

If you want us to deal with someone else on your behalf (a representative) about this application, please give their details below.

If you appoint a representative, all the housing providers taking part in the NAHR can give personal information related to your application for housing to the representative. You cannot hold any housing provider responsible for information that they share with your representative.

Name:

Address:

Relationship to you (if any):

Phone number:

Declaration

Please read this declaration carefully, then sign it.

- I confirm that the details I have given on this application form are true and accurate.
- I understand that if my circumstances change, I must tell the housing provider I returned this application to.
- I understand that if I give any false or misleading information, or do not provide relevant information, you can cancel my application.
- I understand that if I get a tenancy based on false or misleading information, the landlord may take court action to evict me.
- I understand that the housing providers can ask for extra information from the health and social services professionals set out in this application form. I give permission for these professionals to provide any information needed in connection with my housing application.
- I understand that information on the outcome of this application is going to be put on the register and you will share this information with any or all landlords using the register.

Your signature Date

Joint applicant's signature Date

If the person with the health issue or disability in this application is not you or the joint applicant and is aged 16 years or over, they also need to sign this declaration.

Signature of the household member with health issue or disability Date

North Ayrshire Housing Register offices

Irvine

2nd Floor, Bridgegate House
Irvine, KA12 8BD
Phone 01294 324870

Kilwinning

Howgate
Kilwinning, KA13 6EJ
Phone: 01294 552261

Ardrossan

9-11 Glasgow Street
Ardrossan, KA22 8EP
Phone: 01294 605258

Saltcoats

27 Vernon Street
Saltcoats, KA21 5HE
Phone: 01294 602611

Stevenston

1 Main Street
Stevenston, KA20 3AA
Phone: 01294 605281

Kilbirnie

34-36 Main Street
Kilbirnie, KA25 7BY
Phone: 01505 685177

Beith Dalry

2 Townend Street
Dalry, KA24 4AA
Phone: 01294 835355

Largs

Brooksby Medical and Resource Centre
31 Brisbane Road
Largs, KA30 8LH
Phone: 01475 687590



NORTH AYRSHIRE
COUNCIL

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Sovereign House
Academy Road
Irvine, KA12 8RL
Phone: 01294 313121

www.ancho.co.uk



44-46 Bank Street
Irvine, KA12 0LP
Phone: 01294 271128

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82-84 Glasgow Street
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Phone: 01294 468360

www.cunninghame-housing.org