

Medical Application Form

Form 1 - Your Housing Details



Application Ref:

Date Issued:

Housing Officer:

For Official
Use Only

Complete this form if you are applying for medical points related to your housing need. This may be for yourself or for others on your application for housing.

A Purple form "2 - Medical Details" should also be completed. Use a separate Purple form for each person whose medical condition is to be considered.

Please refer to the Application for Medical Priority Notes for Guidance when completing both forms.

1. Mr / Mrs / Miss / Ms.....
2. Surname
3. Forename(s)
4. Present Address
..... Post Code
5. Correspondence Address (if different)
..... Post Code
6. Telephone Number
7. Please list all those living in your current home and indicate by ticking the box provided, all the people who are applying for medical priority recommendation.

Confirmed

Name	Date of Birth	Seeking Medical Points (please tick)	Address if different from above

Note: A Purple form "2" - 'Medical Details' should be completed for each person for whom medical priority is sought.

8. How many bedrooms are in your present house?

9. **Current House Type**
Please tick the type of property that best describes your home:

	(Tick)	Floor
Detached House	<input type="checkbox"/>	
Semi-Detached House	<input type="checkbox"/>	
End Terraced House	<input type="checkbox"/>	
Mid Terraced House	<input type="checkbox"/>	
Bungalow	<input type="checkbox"/>	
Own Door Flat (Specify Floor Level)	<input type="checkbox"/>	
Flat In Close (Specify Floor Level)	<input type="checkbox"/>	
Maisonette In Close (Specify Floor Level)	<input type="checkbox"/>	
Maisonette Not Close (Specify Floor Level)	<input type="checkbox"/>	
Bedsit (a livingroom / bedroom with separate kitchen and bathroom)	<input type="checkbox"/>	
Hostel	<input type="checkbox"/>	
Caravan	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

10a. Do you have an inside w.c. for the exclusive use of the occupants of your home? (tick all applicable) Yes No

10b. Do you have a bath? Yes No

10c. Do you have a shower? Yes No

10d. Do you have a hot water supply? Yes No

10e. Do you have a separate kitchen? Yes No

10f. Is the bathroom upstairs? Yes No

10g. Do you have a downstairs bedroom? Yes No

11a. What fuel is your main source of heating? (tick all applicable)

Gas

Electric

Coal

Oil

Do you have central heating? Yes No

12. Is the house situated on: Level ground Hilly Area

12a. How many steps are there to the front door?

12b. How many stairs inside the house?

13a. Is there a garden? Yes No

Is the garden small / medium / large?

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Confirmed

Confirmed

Confirmed

Confirmed

Confirmed

Confirmed

Confirmed

Confirmed

Confirmed

Confirmed

14. How far is it to the:

Local food shops?

Nearest bus stop?

Family?

15. Do you have your own transport? Yes No

16. Has the house been adapted in any way for disabled persons? Yes No

16b. If YES, please specify:

.....

.....

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17. How is the house unsuitable for the medical needs of the persons at Question 7?

Note: You should not give confidential medical information here. It can be given on the Purple form "2- Medical Details".

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18. Declaration

I understand that Stirling Council must protect public funds and may use this information to prevent and detect fraud. I understand that the information may also be shared for the same purposes with other organisations handling public funds.

I hereby declare that the information given in this form is, to the best of my knowledge correct.

Signed: Date:

Confirmed

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FOR OFFICIAL USE ONLY

Stirling Council Comments

Signed:

Date:

Medical Advisor's Comments

Name of person seeking medical priority					
Medical priority awarded	A+	A	B	C	NMP
Heating Type recommended	Yes/No				
Give Details					
House Type recommended	Yes/No				
Give Details					

Name of person seeking medical priority					
Medical priority awarded	A+	A	B	C	NMP
Heating Type recommended	Yes/No				
Give Details					
House Type recommended	Yes/No				
Give Details					

Name of person seeking medical priority					
Medical priority awarded	A+	A	B	C	NMP
Heating Type recommended	Yes/No				
Give Details					
House Type recommended	Yes/No				
Give Details					

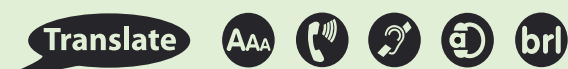
Medical Advisor Signature:

Date:

Council Use Only

Date received: Date sent to FVHB: Date returned:

Processed by: Date processed:



If you need help or this information supplied in an alternative format please call 01786 404040.

