

Medical Priority Application Form

This form should be completed if you have a medical condition or disability that is being made worse by your current home.

Priority on health or disability will only be awarded if someone in the household has:

- A severe long-term limiting illness, or a permanent and substantial disability, **and**
- Their health or quality of life is severely affected by the home they live in

Please note you must be registered for a transfer before filling in this form.

1. YOUR DETAILS

| Your Name (lead tenant if joint tenancy) | |
|--|--|
| Your full name | |
| Date of birth | |
| Transfer Application No. | |
| Mobile number | |
| Landline | |
| Email | |

| Your Home | | | |
|---------------------|--|--------------------------|--|
| Full address: | | | |
| Postcode | | | |
| Type of property | | Number of bedrooms | |
| Floor level if flat | | Private garden (yes/no) | |
| No. of lifts | | Private balcony (yes/no) | |

| Who has a medical condition that is being affected by your current home? Please complete one form per household member. | | |
|--|---------------|-------------------|
| Full name | Date of birth | Medical condition |
| | | |
| Please give details of why the condition is made worse by your present home | | |
| | | |

| | |
|---|-----------------------------|
| Please give details of your medication and any treatment you receive or have received, including dates of the last treatment and details of your current prescription(s). | |
| | |
| Tell us about the treatment | |
| Name of doctor or consultant | Hospital or surgery address |
| | |
| | |

Declaration

- I/we give permission for my doctor or other medical adviser to be contacted and asked to provide information about my ill-health or disability to One Housing Group.
- I/we understand that Information provided about me may be used for a medical assessments and may also be passed on to other agencies, e.g. local authority, social services, in order to support my application.
- I/we will inform One Housing of any changes to the details provided here.
- I/we understand a medical award is not given on the seriousness of the medical condition or disability alone but on the effect the current home is having on the condition or disability.

| | |
|--|--|
| I/we confirm I/we agree to the conditions above | |
| Lead tenant signature | |
| Print full name | |
| Date | |
| Joint tenant signature | |
| Print full name | |
| Date | |

The information you have provided will be used by One Housing. The provision of this information is covered by the regulations contained in the Data Protection Act 1988.