

FOR OFFICE USE ONLY

Issuing Officer:

Reference No:

Housing Services
Cedar Wood House
2d Fulbourne Road
Walthamstow
E17 4GG



CONFIDENTIAL

Disability and Health Questionnaire

If you do not wish to complete the questionnaire for confidential reasons or if you have difficulty answering the questions, please telephone 020 8496 5545.

Please fill in this form if you or a member of your household suffers from ill health or a disability that affects your housing needs. Complete a separate form for each person in the household who needs to be assessed.

This form is used to assess your priority on the Housing Register. The information you give will be considered by the Disability Panel but may also be considered by the Social Need Panel who will deal with a range of circumstances including applicants with learning difficulties, mental health and emotional problems associated with their housing difficulties.

Please write clearly and tick the correct box where necessary.

4. Please give details of any hospital out patient treatment you have received for your disability or health problem(s).

Name of hospital	Type of treatment	Date admitted	Date discharged

5. Please give details of any hospital in patient treatment you have received for your disability or health problem(s).

Name of hospital	Type of treatment	Date admitted	Date discharged

6. Do you have difficulties walking?

Yes No

If YES, are you able to walk unaided?

Yes No

If NO, do you use a:

Stick Crutches Frame

Can you walk:

1/2 mile plus 1/4 mile 100 yds 10 yds

Are you able to stand unaided?

Yes No

7. Do you have a wheelchair?

Yes No

If YES, do you use it:

Outdoors only Indoors occasionally Indoors always

8. Please give the following information about your mobility.

(This will help us to assess what type of accommodation you need)

a) Can you manage a few steps?

Yes No With difficulty

b) Can you climb one flight of stairs?

Yes No With difficulty

c) Can you climb more than one flight of stairs?

Yes No With difficulty

9. Do you have problems using lifts?

Yes No

If YES, please give reasons:

.....
.....

10. Can you carry out the following tasks?

Task	Able to do	Unable to do	If unable to do this who does it for you
Use a bath			
Use the toilet			
Wash/dress yourself			
Housework			
Cooking			
Shopping			
Laundry			
Use public transport			
Get in/out of a car			

Please note that if you do not give details of who assists you with any of the above tasks we will assume that you are currently managing independently.

11. Are you:

Employed Unemployed Retired

Other (please specify):

a) What is your current occupation?

.....

b) Can you cope with full-time work?

Yes No

c) Have you had to change your occupation due to your disability?

Yes No

d) Are you only capable of part-time work because of your disability?

Yes No

e) Are you unable to work because of a disability?

Yes No

12. Do you:

Have difficulty with your hearing?

Yes No

Have problems with your sight?

Yes No

Have problems with speech?

Yes No

Suffer from incontinence?

Yes No

Have difficulty breathing?

Yes No

13. Do you receive any of the following disability-related benefits and at what rate?

a) Do you receive Incapacity Benefit?

Yes No

b) Disability Living Allowance (Care)

Higher Middle Lower

c) Disability Living Allowance (Mobility)

Higher Lower

d) Attendance Allowance (65yrs and over)

Higher Lower

If you are in receipt of any of the above, please supply proof.

14. Are there any reasons why a particular type of property would not be suitable for you on disability/health grounds?

.....
.....

Please provide the following details regarding your current accommodation:

a) What type of property is it? (e.g. flat, house)

.....

b) On which floor do you live?

.....

c) How many steps are there to your front door?

.....

d) How many steps and stairs are there inside the property?

.....

e) Is there a lift?

.....

f) If there is more than one level in your home, please tell us what rooms are on each floor:

Ground floor:

First floor:

Second floor:

15. Please tell us how your disability affects your ability to live in your present housing e.g. problems getting to the toilet, bath, outside or the location of steps and stairs.

.....
.....

16. Have any adaptations been made to the property?

Yes No

If YES, what has been done, and where?

.....
.....

17. Do you have central heating?

Yes No

If NO, please give details of the heating that you have:

.....

18. Sheltered accommodation

If you are 50 years old or over, do you wish to apply for sheltered accommodation?

Yes No

19. Asthma Questionnaire

a) How long have you had asthma?

.....

b) What medication do you take?

.....

Regularly:

When necessary:

c) Do you use oxygen at home?

Yes No

If yes, how often?

d) When was the last severe attack, needing the attention of a doctor?

.....

e) Date of last hospital admission?

.....

f) What is your average peak flow?

.....

g) Have you had any time off work/school?

.....

20. Tuberculosis (TB) Questionnaire

Please note that this information is collected to assist the Waltham Forest Primary Care Trust (WF PCT) with Tuberculosis (TB) screening and to ensure that all people who are at risk from TB receive timely and appropriate health care.

a) Do you or anyone in your household suffer from TB?

Yes No

b) Do you or anyone in your household have history of TB?

Yes No

c) Have you been coughing for the past 3 months

Yes No

d) Do you suffer from any of the following

Yes No

Night sweats Coughing blood Fever

21. Epilepsy Questionnaire

Do you suffer from epilepsy?

Yes No

If YES, please complete the following details:

a) Type of epilepsy

.....

b) Is it controlled/uncontrolled?

.....

c) Frequency of seizures

.....

d) Date of last seizure

.....

e) Medication details

.....

f) Hospital admission/appointments

.....

22. Phobia Questionnaire

Do you suffer from phobia?

Yes No

If YES, please complete the following details:

a) What type of phobia do you suffer from and for how long?

.....

b) How does it affect you?

.....

c) Has the phobia been severe enough for you to seek help from your doctor?

.....

d) What treatment/medication have you received?

.....

.....

e) If you have a phobia of heights/lifts, which of the following applies to you:

(i) Completely unable to use a lift/be at height

(ii) Find using lifts/heights very difficult and avoid the situation where possible

(iii) Able to use lifts/be at height but feel anxious

1. Permission to obtain further information.

Please give permission for our Disability Panel to contact your GP, consultant or other involved workers e.g. Physiotherapist, Occupational Therapist, Social Worker for additional information about your disability.

GP's name:
Full address:
..... Postcode:
Telephone number:

Consultant/s name:
Name of hospital:
Full address:
..... Postcode:
Telephone number:
Hospital Record Number if known:

Others (Job Title):
Full address:
..... Postcode:
Telephone number:

I give my permission for details of my health condition/disability to be given to the Housing Services Disability Panel.

Signed:

Date:

Name (please print):

This does not necessarily mean that the above will be contacted.

You must advise us of any factors affecting your application, or any changes affecting your housing requirements.

2. Permission to obtain further information.

Some basic disability/health and support type information may also be disclosed to other providers e.g. housing association landlords. This is to enable them to understand difficulties you may experience or possible support needs you may have. Therefore it would be helpful to let us know if there is certain information you do not want to be disclosed.

Please indicate your consent to the above by ticking the box and signing the declaration below.

I agree to the Council using and sharing my information with other housing providers in the manner set out above.

I do not agree to give permission for the following information to be disclosed.

Please provide details in the space below.

DECLARATION

The information I have given is accurate. I understand that if I obtain accommodation by giving inaccurate information, the Council may take legal action to recover the property.

I also agree to give Waltham Forest Housing Services the authority to contact any organisation it needs to for information it needs in connection with this application.

Your signature:

Date:

London Borough of Waltham Forest
Housing Services
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Walthamstow
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