



Application for rehousing
Request to have a
medical condition/
physical disability
taken into
consideration



www.derwentsidehomes.co.uk

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available in large print,
audio, Braille and different
formats on request from
08458 505 600.

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- Chinese** 這份文件備有不同語言的翻譯和各種格式。
如欲索取，請聯絡：
Customer Services, Derwentside Homes, The Greenhouse,
Greencroft Industrial Estate, Annfield Plain, Stanley, County Durham DH9 7XN
電話：08458 505 600
電郵：customer.services@derwentsidehomes.co.uk
- Latvian** Šis dokuments pēc pieprasījuma ir pieejams dažādās valodās un formātos.
Lūdzam sazināties ar klientu apkalpošanas dienestu, kura adrese ir:
Customer Services, Derwentside Homes, The Greenhouse,
Greencroft Industrial Estate, Annfield Plain, Stanley, County Durham DH9 7XN
Tālrunis: 08458 505 600
E-pasts: customer.services@derwentsidehomes.co.uk
- Lithuanian** Šį dokumentą galima gauti pageidaujama kalba ir pageidaujama formatu.
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Greencroft Industrial Estate, Annfield Plain, Stanley, County Durham DH9 7XN
Telefonas: 08458 505 600
El. paštas: customer.services@derwentsidehomes.co.uk
- Polish** Dokument ten jest dostępny na żądanie w innych językach i formatach.
Proszę się skontaktować:
Customer Services, Derwentside Homes, The Greenhouse,
Greencroft Industrial Estate, Annfield Plain, Stanley, County Durham DH9 7XN
Tel: 08458 505 600
E-mail: customer.services@derwentsidehomes.co.uk
- Russian** Этот документ можно получить на желаемом языке и в удобном для Вас формате .
Обращайтесь по этому адресу :
Customer Services, Derwentside Homes, The Greenhouse,
Greencroft Industrial Estate, Annfield Plain, Stanley, County Durham DH9 7XN
Телефон: 08458 505 600
Эл почта : customer.services@derwentsidehomes.co.uk
- Punjabi** ਜੇ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਬੋਲੀਆਂ ਅਤੇ ਰੂਪਾਂ ਵਿੱਚ ਵੀ ਮਿਲ ਸਕਦਾ ਹੈ:
ਇਸ ਲਈ ਅੱਗੇ ਲਿਖੇ ਪਤੇ ਤੇ ਸੰਪਰਕ ਕਰਨ ਦੀ ਕਿਪਾਲਤਾ ਕਰਨੀ:
ਕਸਟਮਰ ਸਰਵਿਸਿਜ਼
Customer Services, Derwentside Homes, The Greenhouse,
Greencroft Industrial Estate, Annfield Plain, Stanley, County Durham DH9 7XN
ਟੈਲੀਫੋਨ: 08458 505 600
ਈ-ਮੇਲ: customer.services@derwentsidehomes.co.uk



Anyone with a physical illness, mental health problem or physical disability should complete this form. If more than one person in your household is requesting that their medical condition be considered, please complete a separate form for that person with their prior permission.

Not all sections of this form may be relevant to you. Please complete what sections are relevant. If you require any help with completing this form staff at the following Offices will be pleased to offer assistance.

Derwentside Homes

The Greenhouse
 Greencroft Industrial Park
 Annfield Plain
 Stanley
 County Durham DH9 7XN
 Monday to Friday 8.30am to 4.45pm
 Phone: 08458 505 600

South Stanley Neighbourhood Office

1 The Shops
 South Stanley
 County Durham DH9 6PF
 Phone: 01207 218600

Annfield Plain Neighbourhood Office

23 Front Street
 Annfield Plain
 County Durham DH9 7PY
 Phone: 01207 218620

Moorside Neighbourhood Office

Surrey Crescent
 Moorside
 County Durham DH8 8DE
 Phone: 01207 218484

Langley Park Neighbourhood Office

Thomas Street
 Langley Park
 Durham DH7 9SB
 Phone: 0191 3735467

For Office Use Only		Social Points	
Medical/Disability		Change Of heating	
Mental Health		Priority	

Section One - Applicant Details -

Please complete all questions within this section

Applicant Details

Name Of Applicant.....

Address.....

.....

.....

..... Post Code

Telephone Number..... Mobile Telephone Number

Details of Person who is Ill or Disabled (if different from above)

Name..... Date of birth

Name and Address of GP

.....

.....

..... Post Code

Telephone Number

Hospital Consultant

Have you seen a Hospital Consultant in the past twelve months? Yes? No?

If yes please provide details below

Name and Address of Hospital Consultant

.....

.....

..... Post Code

Telephone Number

Details of Benefits Received

Attendance Allowance High Rate Low Rate

Disability Living Allowance - Care Component

High Rate Middle Rate Low Rate

Disability Living Allowance - Mobility Component

High Rate Middle Rate Low Rate

Care Packages

Do you currently receive any care packages from Social Services?
(e.g. meals on wheels, home help) Yes? No?

If yes please provide details below

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.....

Do you currently receive any floating support services?
(e.g. from Stonham, Shaid) Yes? No?

If yes please provide details below

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.....

Section Two – About Your Medical Condition/ Disability –

Please complete all questions within this section

Details of Medical Condition/Disability/Mental Illness

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Details Medication

Do you take medication prescribed by your Doctor to treat your condition? Yes No

If yes, please provide details

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Equipment to Assist Disabled Persons

Do you have any of the following in your home to assist you with your medical condition?

Walking Aid for indoor use Walking Aid for outdoor use

Wheelchair for indoor use Wheelchair for outdoor use

Stair lift Through floor lift

Level Access Shower Shower over the bath

Ramp to either front or back door

Equipment to help you get in and out of the bath

Equipment to assist you using the toilet

Other Equipment

Please specify

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Section Three – About Your Home –

Please complete all questions within this section

Your Property

Do you live in a

House Bungalow

Ground Floor Flat First Floor Flat

Other (Please Specify)

.....

Is your property a split-level property Yes? No?

Is your toilet Upstairs Downstairs

Is your bathroom Upstairs Downstairs

Please specify the number of steps you have?

At the front of your property At the rear of your property

What type of heating do you have?

Gas Central Heating Electric Central Heating

Solid Fuel Heating No Central Heating

Section Four – Reasons for wanting to move –

Please complete all that apply and where necessary complete details in other sections as instructed

Do you wish to move nearer family, friends for support? Yes No

If Yes, who are they and where do they live?

Name

Address

.....

..... Post Code

What support do they provide for you?

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(Also complete Section Six)

Do you wish to move to another property as your current heating type is affecting your condition? Yes No

If yes provide details

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(Also complete Section Six)

Do you wish to move due to Mental Health problems? Yes No

If yes provide details

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(Also complete Section Six)

Do you wish to move on the grounds of Physical Health problems? Yes No

If yes provide details

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(Also complete Sections Five and Six)

Section Five – Details of Physical Condition

Does walking around the house affect your medical condition Yes No

(if yes please specify)?

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.....

Does using the stairs affect your medical condition Yes No

(if yes please specify)?

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Are you able to walk outside? Yes No

Does your Medical Condition affect your ability to carry out any other daily living activities?
E.g. bathing, using the toilet Yes No

If yes please state what

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Section Six

Do you have to sleep downstairs because of your medical condition/disability? Yes No

If yes please state why

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.....
.....

Are you a Derwentside Homes Tenant? Yes No

if yes do you have a carbon monoxide detector fitted? Yes No

Do you require the assistance of another person for any of the following?

- Using the stairs Bathing
- Walking inside Walking outside
- Toileting Shopping
- Housework Lighting the fire

Can you gain access to the local shops, etc? Yes No

If no state why

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.....

Do you feel that you would benefit from assistance from the floating support service because of your condition/illness? (e.g. budgeting support, domestic skills) Yes No

Please provide any additional information you wish to add to support this application

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It may be necessary to contact your family Doctor/Hospital Consultant with regard to this application in order to gain some additional information.

I hereby authorise Derwentside Homes to contact my GP/Hospital Consultant in order to obtain some further information.

Name..... Date

If you have any queries about this application please contact Customer Services

Declaration

To the best of my knowledge, the information provided in this form is correct.

I acknowledge that Derwentside Homes will retain the right to obtain possession or withdraw an offer of accommodation if false information is given.

Signed..... Date

Private and confidential

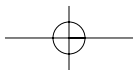
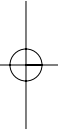
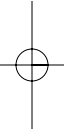
Personal information gathered on this form will be used by Derwentside Homes Ltd, for the purposes of assessing your housing circumstances. Any personal information gathered on this form may be shared with Derwentside District Council for the purposes of administration of the housing register.

Derwentside Homes Ltd. nominated representative for any matters relating to data protection legislation is the Chief Executive who can be contacted in writing at

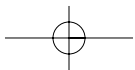
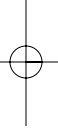
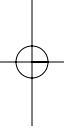
Derwentside Homes Limited, The Greenhouse, Greencroft Industrial Park, Annfield Plain, Stanley, Co Durham DH9 7XN.

1. Personal details										
Ability to walk on flat indoors	12	Unable	12	Ambulant with aid or support	6	Ambulant with difficulty	4	Ambulant with difficulty		
In receipt of Attendance Allowance			2	Daytime	2	Night-time				
Negotiation of stairs	12	Unable	8	With extreme difficulty	6	With difficulty	4	With discomfort		
Extra use of toilet			2	Yes	2	No				
Extra use of bath			2	Yes	2	No				
Ability to use toilet	3	Unable	2	Extreme difficulty	1	Difficulty				
Ability to use bath	3	Unable	2	Extreme difficulty	1	Difficulty				
Sub total										
2. Present accommodation										
Negotiation of stairs					As above					
					Other					
Daytime access to toilet	12	Unable	8	With aid or support	6	With difficulty	4	With discomfort		
Night time access to toilet	12	Unable	8	With aid or support	6	With difficulty	4	With discomfort		
Access to bath	12	Unable	8	With aid or support	6	With difficulty	4	With discomfort		
Sub total										
3. Discretionary points										
Exterior Mobility (maximum 6 points)										
Locality (maximum 8 points)										
4. Other										
Mental Health										
Heating										
Comments/recommendations										
Overall points total										

Notes



Notes



Notes

