HMD–Form 1

Disability and/or Medical Information Form

About this form

This form is for anyone who is applying for social housing or a social housing transfer **due to a disability or medical grounds.** The information provided will be used to assess if priority status should be awarded to an application.

Information on priority status

You may get priority status for housing support if you have a disability or medical condition. This will depend on your housing situation.

Priority status may be awarded if the following three criteria apply to your household:

- you or someone in your household has a disability or a medical condition and
- the current accommodation is not suitable to meet the needs of the person with a disability or medical condition and
- a change in housing will improve or stabilise the circumstances of the person with a disability or medical condition.

Who needs to fill out and sign each section of this form

Section 1 and 2 to be filled out and signed by the person with a disability or medical condition or by the applicant for social housing support if the person with a disability or medical condition is a dependant of the applicant.

Section 3 and 4 to be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Other information

A Healthcare Professional includes the following professions: Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Occupational Therapist and Social Worker. If you are considering using a Healthcare Professional not listed above, please contact your Local Authority to confirm if this is acceptable.

An Occupational Therapist report **must be provided** where there is a need for a specific accommodation requirement.

If you require extra space to complete the form please include additional pages.

Section 1: Disability and/or Medical Information

This section must be filled out by the applicant.

Please tick (✓) the box to show the category you are applying under.

Disability grounds ☐ Medical grounds ☐

Please state your disability and/or medical condition

If you are a person with a disability, please tick (✓) which category of disability applies to you.

Physical ☐ Mental Health ☐ Intellectual ☐ Sensory ☐

Section 2: Personal Details

This section must be filled out as outlined on page 1. Please make sure the details you fill out here are the same as on your Social Housing Application Form.

Please fill in the details of the main housing applicant below.

First name

Surname

PPS number

Date of Birth

Declaration

I permit the Healthcare Professionals in Section 3 to give relevant medical details to the Local Authority to identify my housing needs.

Signature

Date

If the person with a disability or medical condition is not the main housing applicant, please fill in their details below.

First name

Surname

PPS number

Date of Birth

Section 3A: Medical Reference

This section must be filled out by two Healthcare Professionals (see page 1) who work with the person with a disability or medical condition.

Details of Healthcare Professionals completing this form

Healthcare Professional 1

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation only ☐ Weeks (number) ☐ Months (number) ☐ Years (number) ☐

Healthcare Professional 2

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation only ☐ Weeks (number) ☐ Months (number) ☐ Years (number) ☐

Section 3B: Applicant's Current Accommodation

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Is the person with a disability or medical conditions current accommodation directly or negatively affecting their disability or medical condition? If the answer is yes, please explain below.

Healthcare Professional 1

Healthcare Professional 2

Section 3C: Accommodation Need of Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

How would a change in location of accommodation benefit the person with a disability or medical condition?

Healthcare Professional 1

Healthcare Professional 2

What change in the type of accommodation would benefit the person with a disability or medical condition? and how?

Healthcare Professional 1

Healthcare Professional 2

What change in the design of accommodation would benefit the person with a disability or medical condition? and how?

Healthcare Professional 1

Healthcare Professional 2

Section 3D: Support Needs for the Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Are supports currently needed to enable the person with a disability or medical condition to live independently? Please provide details.

Healthcare Professional 1 Yes ☐ No ☐

Healthcare Professional 2 Yes ☐ No ☐

Will the person with a disability or medical condition need any additional or new supports? Please provide details.

Healthcare Professional 1 Yes ☐ No ☐

Healthcare Professional 2 Yes ☐ No ☐

Section 4: Healthcare Professional Declaration

Healthcare Professional 1

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature	Date

Healthcare Professional 2

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature	Date

If you require extra space to complete the form please include additional pages.