

# Medical Priority

You have told us you need a new home because you or someone who lives with you has a medical condition. Please complete this application form to support your request. You should provide as much information as you can. This will help us to make a decision as quickly as possible. **Completing this form does not guarantee that you will get Medical Priority.**

## Section 1

### Your details

	Applicant
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Tenant / householder name	
Person applying for Medical Priority	
Date of birth (dd/mm/yy)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
N.I. number	
Address	
Postcode	
Telephone number	
Mobile number	
Email address	

## Section 2

### Your household

Please list **ALL** members of your household.

Name	Relationship to you	Moving with Applicant	Date of birth (dd/mm/yy)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

When did you move to your current address?	
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### What type of house do you live in?

Please tick one

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|--|--|
| <input type="checkbox"/> Tenement        | <input type="checkbox"/> Bungalow                            |
| <input type="checkbox"/> Multi-storey    | <input type="checkbox"/> Terraced                            |
| <input type="checkbox"/> Maisonette      | <input type="checkbox"/> Semi-detached                       |
| <input type="checkbox"/> Four-in-a-block | <input type="checkbox"/> Other (if other please state below) |

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Which floor do you live on? (eg. 1st, 2nd...)	
How many steps are there to your front door?	
Do you have stairs inside your house? (if yes please state how many)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many bedrooms do you have?	
What type of heating do you have? (if other please state)	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other
Do you have central heating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a garden?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have shops within easy reach	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the area you live in hilly or flat?	<input type="checkbox"/> Hilly <input type="checkbox"/> Flat

### Helpful hints

The notes on the right hand side of each page will help guide you through the completion of this form.

This information will help us to make an assessment of your needs and the urgency of your application.



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## Section 4

### Your medication

Please list all the medication you are **currently** taking – please copy the name from the bottle or packaging.

Name of your medicine	How often do you take it?

This information will help us understand how your condition affects you.

How long ( <b>in minutes</b> ) can you walk on flat ground before you need to stop?	
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Why do you have trouble walking? e.g. breathlessness, soreness.

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## Section 4 (continued)

### Stairs

How many stairs can you climb?	
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If you have any difficulty with stairs, please tell us why.

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Why do you think your current house is not suitable for you now?

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## Section 5

What type of home would help you to overcome the problems you have with your current housing?

Do you need housing all on one level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please tell us why	

Do you need sheltered accomodation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please tell us why	

We are asking for this information so we can make sure you can bid on the best properties to suit your medical needs.



## Section 7

### Hospital and family support

Is your current house fitted with a housing alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been admitted to hospital in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Date of admission</b>	
<b>Length of stay</b>	
<b>Hospital</b>	
<b>Reason</b>	
Please give us the name and address of your GP	
Please give us the name and address of any hospital specialist you attend	

<b>Have you applied for medical priority before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you apply and were you successful?	

<b>Do you have family support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give their details	
State relationship	
Details of support given	

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## Section 8

### Additional information

To make sure you are allocated to the correct group and given the right medical priority, you should make sure you **tell us all the information you think we need to know to help us decide on the priority you need.**

**If you become a tenant with WLHP or one of our partner landlords your tenancy agreement requires you to pay your rent charge from day one when you get your keys. If you receive, or are entitled to receive, Housing Benefit this will be taken into account. If you are on Housing Benefit and your home is considered to have more bedrooms than you need under the UK Government's guidelines, you will be required to pay a proportion of the rent yourself. Your home will be at risk if you do not keep up with your rent payments.**

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## Section 9

### Declaration

WLHP and our partner landlords are registered under the Data Protection Act 1998. They are under an obligation to properly manage public funds. Accordingly information that you have provided on this form may be used to prevent and detect fraud and may also be shared for the same purpose with public bodies or other organisations which handle public funds.

#### Consent

- I agree to this information being passed to WLHP medical and disability advisors so that they can assess my application
- I give consent for the medical advisers to give guidance to Loretto Housing Association about my medical conditions, level of function and any other information that may be needed to assess my application.

You have the right to appeal the decision made. Any appeal must be made in writing, in the first instance, to Head of Housing.

Applicant	
Signature	
Date (dd/mm/yy)	



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**Official use only****Local office**

<b>Application reference</b>	
Date received (dd/mm/yy)	
Date logged on iWorld (dd/mm/yy)	

<b>Decision (please tick)</b>	
<input type="checkbox"/> Group 3 non-mobility medical	
<input type="checkbox"/> Group 5 mobility	
<input type="checkbox"/> Denied	
<input type="checkbox"/> Referred to medical advisors	
Date of decision (dd/mm/yy)	
Date decision sent to Housing Access Team (dd/mm/yy)	
Justification	

**Further information if required:**

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<b>Housing Officer name</b>	
Signature	
Date (dd/mm/yy)	

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## Would you like more information?



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A leading East of Scotland social landlord with homes for rent in communities in West Lothian.

Call us on **01506 416 438**.

You can email us at **lettings@wlhp.org** or you can visit online at **www.wlhp.org**

### **Our address is**

62 North Bridge Street,  
Bathgate, EH48 4PP



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Scotland's largest social landlord with 43,000 homes to let in Glasgow.

Call us on **0800 479 7979** or on **0141 274 7979** from a mobile as it may be cheaper.

You can email us at **lettings@gha.org.uk** or you can visit online at **www.gha.org.uk**

### **Our address is**

GHA Shop, 173 Trongate,  
Glasgow, G1 5HF



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Providing quality affordable homes across seven West of Scotland local authority areas.

Call us on **0800 479 7979** or on **0141 274 7979** from a mobile as it may be cheaper.

You can email us at **lettings@cubehousing.co.uk** or you can visit online at **www.cubehousing.co.uk**

### **Our address is**

Maryhill Burgh Halls, 24 Gairbraid Avenue, Glasgow, G20 8YE



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Providing more than 1,000 affordable homes in the central belt.

Call us on **0141 420 7950**.

You can email us at **lettings@lorettoha.co.uk** or you can visit online at **www.lorettoha.co.uk**

### **Our address is**

2nd floor, Lipton House, 170 Crown Street, Glasgow, G5 9DX