



Disability Questionnaire

Please complete this form if you have filled in a housing application form and told us that you, or a member of your household have a disability and require more suitable housing. The initial personal details should be that of the principal applicant for housing. This information will be used jointly by the DPHS and the housing providers to assess your housing need and to match this need with the housing options available.

1. Please provide your personal details below:

Name:	Date of Birth:
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Address:
Post Code:

Telephone Number:

2. Please tell us by ticking the boxes below, if you, or any other household member, require any of the following in your home:

	Already Fitted at Present Home	Required by Applicant	Required by Other Member of Household
Ramp Access to Home			
Wet Floor Shower			
Level Access Shower			
Door Entry System			
Stair Lift - straight			
Stair Lift - curved			
Disabled Parking Bay			

Additional Storage Facility for Equipment			
Aids for those with Sight Impairments (please tell us below what these are)			
Aids for those with Hearing Impairments (please tell us below what these are)			

3. Does anyone in the household require any other adaptations not mentioned above or overleaf.

4. Please highlight particular requirements, if you, or anyone in the household has sight or hearing impairments.

5. Please give details of all other household members, who will be rehoused with you.

Name	Date of Birth	Registered Disabled (Yes/No)	Wheelchair User (Yes/No)
Self	N/A		

6. Please answer the following questions to clarify your current and future general housing needs.

- From which organisation did you get this form?

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- Which organisations housing waiting list(s) are you currently on?
.....
- Do you own your home?
Yes/No
- If **no**, who is your present landlord?
.....
- In which town(s) in North Ayrshire do you wish to be considered for housing?
.....
- If a suitable house is found to match your household needs, but is outwith the above town(s), would you consider moving there?
Yes/No
- Does your household require an additional bedroom because of any disability?
Yes/No

7. Occupational Therapy assessment.

- Have you requested an assessment of your housing needs?
Yes/No
- If **yes**, please tell us when you requested it
.....
- If **no**, the DPHS will make a referral on your behalf, where appropriate.
- **NB.** If you are a North Ayrshire Council or Housing Association tenant, and you require handrails or banisters to assist you with any mobility problems in your present home, requests for the installation of such can be made to your landlord. In the event that you own your home, or rent from a Private landlord, you should contact the local Social Services office for advice and assistance.

8. Declaration

I agree to the sharing of this information with relevant departments / organisations for the purpose of allocating suitable accommodation.

The DPHS will not use this information for any other purpose.

Signed

Date

FOR OFFICIAL USE

Date Form Received:
Date of Housing Application:
Date Entered on DPHS Database:

Notes:
