



Application for Accessible Housing



This document is available in other formats such as audio tape, CD, Braille and in large print. It can also be made available in other languages on request.

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦਾ ਹੈ, ਜਿਵੇਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ 'ਤੇ, ਸੀ ਡੀ 'ਤੇ, ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ। ਮੰਗ ਆਉਣ 'ਤੇ ਇਹ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਦਿੱਤਾ ਜਾ ਸਕਦਾ ਹੈ।

يہ دستاویز دیگر شکلوں میں بھی دستیاب ہے، جیسے آڈیو ٹیپ، سی ڈی، بریل اور بڑے حروف کی چھپائی میں۔ درخواست کرنے پر یہ دستاویز دیگر زبانوں میں بھی مہیا کی جا سکتی ہے۔

該文件還有其他形式，如語音磁帶、CD、盲文版本及大字體版本。如有需求，還提供其他語言版本。

Ten dokument jest do uzyskania w różnych formatach: na taśmie dźwiękowej, płycie CD, brajlem i dużym drukiem. Na żądanie, można go także otrzymać w innych wersjach językowych.

You should fill in this form if the answer is 'yes' to **all** the following questions:

- **Do you already have a housing application registered on NAHR?**
- **Do you or someone else in your household have a health issue or disability?**
- **Does the health issue or disability mean that your current home does not meet your household's needs?**
- **Could a move to a different type or size of home alleviate some or all of the difficulties the health issue or disability is causing within your current home?**

Your application will be assessed by a professionally qualified Occupational Therapist (OT).

If successful, there are three possible grades that can be awarded to your application:

Grade 1	100 points
Grade 2	75 points
Grade 3	50 points

The applicant will have the right to appeal the decision.

Return this form to the NAHR office where you sent your main housing application or if you applied online send it to the office that has been corresponding with you.

Answer all the questions as fully as possible to help us consider your application. If this form is not fully filled in it cannot be processed and will be returned to you.

A separate application form should be filled in for each person in the household who requires accessible housing. **Only the highest priority will be considered for the whole household.**

Fill in this form in black ink and write clearly.

What is the reference number of your NAHR application for housing?

Name of main applicant	
Current address	
Name of joint applicant	
Current address (if different from above)	

Section 1: Information about the household member who has a health issue or disability

Name of household member with health issue or disability	
Date of birth	
Relationship to applicant	
Name GP	
GP address	
GP Telephone number	
Please detail any prescribed medication the person is currently taking:	

Does the person receive any health or social care support in their home, for example, home care, district nursing, occupational therapy? (please give brief details)

Does the person receive any support from a social worker or health professional? Please give name and address below:

How often does the person see them?

When did the person last see them?

Does the person receive any of the following allowances?
(tick all that apply)

	High	Med	Low
Disability Living Allowance – care component			
Disability Living Allowance – mobility component			
Attendance Allowance			
Payments from the Independent Living Fund			
Severe Disablement Allowance			
Incapacity Benefit/Employment Support Benefit			
Disability Premium (An add-on to Income Support)			

Section 2: Information about your current accommodation

Current accommodation type (please tick all that apply)					
Sheltered Housing/Supported Accommodation		Flat (ground floor)		Four in a Block (Ground floor)	
House (three-storey)		Flat (upper floor)		Four in a Block (upper floor)	
House (end-terrace)		Multi-storey flat		Bedsit	
House (mid-terrace)		Basement flat		Maisonette (Ground floor)	
House (semi-detached)		Attic flat		Maisonette (Ground floor)	
House (detached)		Bungalow		Amenity Housing	
Other (please give details)					
How many bedrooms does your current accommodation have? <input style="width: 50px; height: 20px;" type="text"/> (If you have a separate dining room you should count this as a bedroom).					

Layout of current accommodation (please tick all that apply)			
Bathroom upstairs		Toilet downstairs	
Bathroom downstairs		Curved internal stairs	
Bedroom upstairs		Straight internal stairs	
Bedroom downstairs			
Toilet upstairs		External steps up to entrance (enter number)	

What does your current home have? (please tick all that apply)	
Level access entrance	
Ramped entrance	
Door entry system (not a communal one)	
Handrail(s) outside over steps	
External lift	
Community Alarm/Telecare	
Walk-in shower (wet floor area or level shower base)	
Step-in shower	
Over-bath shower	
Specialist toilet/bath	
Wider doors for wheelchair access	
Stair lift	
Tracking hoist fixed to the ceiling	
Handrails inside over stairs	
Adapted kitchen (e.g. lowered worktops, special sink etc)	
Adaptation(s) for people with a hearing impairment	
Adaptation(s) for people with a visual impairment	
Other (please give details)	

Specialist Equipment – Please detail any medical equipment, for example hospital bed, mobile hoist, ventilator, oxygen etc and/or other specialist equipment, for example, bathing, showering or toileting equipment, special seating, walking aid, wheelchair the person currently uses in the accommodation.

Section 3: Information about the difficulties the person is having in the current accommodation

Health issues/disability – Please tell us what the health issues/disability is and explain what difficulties the person has within your current home.

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Please tell us if the person has any difficulty with any of the following (tick all that apply):	
Climbing outside steps	
Getting in/out bath or shower	
Getting on/off toilet	
Climbing the stairs inside the accommodation	
Getting from room to room	
Reaching work surfaces/switches or sockets	
Getting into rooms due to the width of the doors or hallways	
Other (please give details)	

Section 4: Information about preferences

What would you prefer to do? (Please note that it is not always possible to have properties adapted. Tick all that apply)

Remain in your accommodation (if it could be reasonably made suitable to the person's needs)	
Move to ground floor accommodation with level access (no outside steps)	
Move to a house that has already been adapted, for example with a ramped access and a shower.	
Other	

Please give details of the reasons why this would be preferred:

Does the person require an additional bedroom due to their health needs or disability outwith their bedroom entitlement within the Allocation Policy?

Yes/No

If yes please give details below: -

Please detail any other information that you think is relevant to this application

If you want us to deal with someone else on your behalf (a representative) about this application please give their details below.

Name:

Address:

Relationship to you (if any):

Telephone number:

If you appoint a representative, all the housing providers taking part in the NAHR can give personal information about you to the representative in connection with your application for housing. You cannot hold any housing provider responsible for information that they share with your representative.

Declaration

Please read this declaration carefully

- I confirm that the details I have given on this application form are true and accurate.
- I understand that if my circumstances change, I must tell the housing provider I returned this application to.
- I understand that if I give any false or misleading information, or do not provide relevant information, my application can be cancelled.
- If I get a tenancy based on false or misleading information, I understand that the landlord may take court action to evict me.
- I understand that the housing providers can ask for additional information from the health and social services professionals detailed in this application form. I authorise these health and social services professionals to provide any information needed in connection with my housing application.
- I understand that information on the outcome of this application is going to be put on the register and you will share this information with any or all landlords using the register.

Applicant's signature Date

Joint Applicant's signature Date

If the person with the health issue or disability in this application is not the applicant or the joint applicant and is aged 16 years or over then they also need to sign this declaration.

Household member with
health issue or disability
signature Date

North Ayrshire Housing Register offices

Irvine

2nd Floor, Bridgegate House
Irvine KA12 8BD
Phone 01294 324870

Kilbirnie

34-36 Main Street
Kilbirnie KA25 7BY
Phone 01505 685177

Kilwinning

Howgate
Kilwinning KA13 6EJ
Phone 01294 552261

Beith Dalry

2 Townend Street
Dalry KA24 4AA
Phone 01294 835355

Ardrossan

9-11 Glasgow Street
Ardrossan KA22 8EP
Phone 01294 605258

Largs

Brooksby Medical and Resource Centre
31 Brisbane Road
Largs KA30 8LH
Phone 01475 687590

Saltcoats

27 Vernon Street
Saltcoats, KA21 5HE
Phone 01294 602611

Stevenston

1 Main Street
Stevenston, KA20 3AA
Phone 01294 605281



NORTH AYRSHIRE
COUNCIL

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Sovereign House
Academy Road
Irvine KA12 8RL
Phone 01294 313121

www.ancho.co.uk



44-46 Bank Street
Irvine KA12 0LP
Phone 01294 271128

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82-84 Glasgow Street
Ardrossan KA22 8EH
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