Housing Functional Assessment Form

Issued by:	
Date of Issue:	

Please read this before you fill in the form.

In line with our Allocations Policy, we award points for housing to applicants based on their current housing circumstances.

If you think that you or a member of your household's health and/or disability is being made worse by your current housing situation, you can apply for a functional assessment.

This is not an assessment of the severity of a clinical condition or disability.

It is an assessment of the need for another home that would either help to stabilise a clinical condition or disability, or allow a person to function more independently. It is about the way the condition affects how the person manages at home. It focuses on the person's ability, or inability, to perform essential day to day tasks within their home.

The definition of disability that we use to make our assessment is detailed in the Equality Act 2010. It will be updated in line with any changes in legislation. The Equality Act 2010 defines disability as a physical (including sensory) or mental health impairment which has had a substantial or long term adverse effect upon a person's ability to perform normal day to day activities.

The functional assessment will consider:

- if and why your current home is not suitable or if it would be unsuitable to adapt; **or**
- if rehousing is essential to maintain longer term health, welfare or independence of the person; **and /or**
- if health and welfare or independence could be significantly or moderately improved by re-housing; **and/or**
- if reasonable and practical adaptations can be made to the property, but rehousing would meet longer term needs more fully and efficiently.

The assessment will take into account the following aspects of daily living:

- mobility (how easy it is for you to move around);
- access (getting in and out of your home and rooms in it, and getting to necessary equipment and facilities in your home);
- stairs;
- transfers (for example, getting in and out of bed);
- personal care (washing, dressing and so on);
- domestic tasks; and
- social interactions.

Guidance on filling in the functional assessment form

If you need any help with this form please phone us on 0300 123 4566.

What you need to do:

- Please try to answer all of the questions. We will use the information you give us to assess your household's housing needs. If you need more space, please use page 16 of this form.
- Please give us as much detail as possible to help us make our assessment. If you have any supporting information that will help with the functional assessment, you can also send it to us. For example, if you have information from your doctor, consultant, mental health professional or a social worker.

What happens next?

- The Housing Occupational Therapist or other officer will complete the assessment. If we need more information, we will contact you. This will determine if any points can be awarded under our Allocations Policy.
- We will write to you when a decision has been made.

We will only accept one application per household. One award will be given based on the applicant with the highest need.

All of the information that you give us will be treated as strictly confidential.

Before you fill in this form please read our leaflet 'Allocations Policy – A Housing Functional Assessment'.

Applicant details

1. Your details

Title	(Mr/Miss/Mrs/Ms etc)
Name	
Date of birth	

2. Your contact details

What address are you currently living at?	Postcode:
How long have you lived at this address?	
Email address:	
Mobile number:	
Phone number:	

3. Please tell us your correspondence address, if it is different from above

Address for mail only:	Postcode:

About your/their diagnosis

4. Please tell us who this assessment is for and about the diagnosis.

Tell us how long you/they have had the diagnosis, how severe it is and if you/they have been told if the condition(s) will get better, get worse or stay the same.

Name	Date of birth		
Please tell us what the diagnosis is and the date of the diagnosis.	Please tell us if you have been told if the diagnosis will:		
	Please tick	✓	Which diagnosis
	get better	☐	
	get worse	☐	
	stay the same	☐	

Name	Date of birth		
Please tell us what the diagnosis is and the date of the diagnosis.	Please tell us if you have been told if the diagnosis will:		
	Please tick	✓	Which diagnosis
	get better	☐	
	get worse	☐	
	stay the same	☐	

Name	Date of birth		
Please tell us what the diagnosis is and the date of the diagnosis.	Please tell us if you have been told if the diagnosis will:		
	Please tick	✓	Which diagnosis
	get better	☐	
	get worse	☐	
	stay the same	☐	

Name	Date of birth		
Please tell us what the diagnosis is and the date of the diagnosis.	Please tell us if you have been told if the diagnosis will:		
	Please tick	✓	Which diagnosis
	get better	☐	
	get worse	☐	
	stay the same	☐	

If you need more space, please use page 16 of this form

5. Please tell us about the treatment/medication that you/they receive.

6. Please tell us how the condition you/they have been diagnosed with is affected by your/their current home.

Please tell us why you think rehousing will improve your/their ability to carry out essential day to day activities.

7. If you/they have been diagnosed with a mental health condition or illness, please tell us how this is affected by your/their current home.

Have you/they been in hospital under mental health legislation: ☐ Yes ☐ No

If you/they have been diagnosed with a mental health condition or illness, please tell us how rehousing will improve your/their current level of difficulty.

If you/they have a Learning Disability please tell us how this is affected by your/their current home.
(Please include a copy of your Self Directed Support Plan, Risk Assessment and Financial Assessment Forms, if available).

8. Do you/they have functional impairments due to any of the following: (Please tick each one that applies and give any additional comments)

		Comments
Disability	☐ Yes ☐ No	If yes, are you/they registered disabled? ☐ Yes ☐ No
Sensory impairment • Hearing • Speech • Visual problems	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	If yes, are you/they registered blind or partially sighted? ☐ Yes ☐ No
Drug addiction	☐ Yes ☐ No	
Alcohol addiction	☐ Yes ☐ No	
Learning disability	☐ Yes ☐ No	
Acquired brain injury	☐ Yes ☐ No	
Stroke	☐ Yes ☐ No	
Other	☐ Yes ☐ No	Please explain
Have you/they been admitted to hospital within the last 12 months?	☐ Yes ☐ No	If yes, please tell us: Name of hospital: Date of most recent admission: Reason for admission:

9. If you/they are currently receiving support services, please tell us:

Support services	Contact name	Address/phone	How often do you/they currently see them?	Date last seen
Housing support				
Community Psychiatric Nurse/Community Mental Health Team				
District Nurse				
Health Visitor				
Physio/Occupational Therapist				
Social Worker				
Home care Worker				
Learning Disability Team				
Psychiatrist				
Psychologist				
Welfare Officer				
Relative/carer				
Other				

Do you/they have a care plan? ☐ Yes ☐ No
If yes, please provide a copy

Care Plan Coordinator's name	
Care Plan Coordinator's address:	

10. Do you/they have...

	Yes/No	If yes, tell us about the difficulty	If yes, tell us about the equipment used
difficulty getting on or off the toilet?	☐ Yes ☐ No		
a bath which you/they have difficulty getting in or out of?	☐ Yes ☐ No		
an over-bath shower, which you have difficulty getting in or out?	☐ Yes ☐ No		
a shower cubicle or level access shower, which you/they have difficulty getting in or out?	☐ Yes ☐ No		

11. Please tell us if you/they need help to get around

Do you/they need to use:	Yes/No	Comments
a wheelchair indoors?	☐ Yes ☐ No	
a wheelchair outdoors?	☐ Yes ☐ No	
a wheelchair all of the time?	☐ Yes ☐ No	
a wheelchair occasionally?	☐ Yes ☐ No	
any other mobility equipment? (Walking stick, walking frame, electric scooter – please specify what is used)	☐ Yes ☐ No	
Does your/their current home have room to store mobility equipment? ☐ Yes ☐ No		

12. Please tell us if you/they have difficulties walking?

	Comments
☐ No difficulty walking	
☐ Slight difficulty walking	
☐ It is difficult to walk	
☐ Cannot walk	
Please tell us how far can you / they walk at your own pace on level ground?	

13. Have you/they fallen in the past 12 months? ☐ Yes ☐ No

If yes, please tell us:

Date of most recent fall?		
Where did you fall?	☐ Outside	☐ Inside
Why do you think you fell?	☐ Trip ☐ Rushing ☐ Loss of balance	☐ Slip ☐ Loss of attention ☐ Other
Did you injure yourself during the fall?	☐ Yes ☐ No	
If yes please give details		

If you fall, phone:	If you are not injured and are not in pain	01343 563312
	Out of Hours	111
	In an emergency and you are injured	999

14. Do you/they receive any of the following allowances?

Personal Independent Payment (PIP) – daily living	☐ Yes (Standard) ☐ Yes (Enhanced) ☐ No
Personal Independent Payment (PIP) – mobility	☐ Yes (Standard) ☐ Yes (Enhanced) ☐ No
Disability Living Allowance (DLA) – care component (Higher)	☐ Yes ☐ No
Disability Living Allowance (DLA) – mobility component (Higher)	☐ Yes ☐ No

15. Please tell us...

Are you/they a car owner?	☐ Yes ☐ No
Do you/they or a member of the household have access to a vehicle?	☐ Yes ☐ No
Do you/they or a member of the household have a current Blue Badge?	☐ Yes ☐ No

16. Do you/they have any difficulties walking up and/ or down stairs?

	✓	Comments
No difficulty with stairs	☐	
Slight difficulty with stairs	☐	
Stairs are difficult	☐	
Cannot walk up/down stairs	☐	

17. On an average day how many stairs can you/they manage? ☐

About your/their current home

18. Details of your / their current home:

Please tick the box that best describes your/their current circumstances:

☐ A Moray Council tenant ☐ A housing association tenant – tell us which housing association: ☐ A tenant with another local authority ☐ A private tenant ☐ Living in a property I / they own ☐ Staying with parents ☐ Staying with relatives or friends	☐ A lodger ☐ In a caravan ☐ In hospital ☐ A member of the armed forces ☐ A tied or service tenancy ☐ In prison ☐ No fixed abode
☐ Other (Please give details)	

19. Is your/their home a...

☐ house	☐ ground floor flat
☐ bungalow	☐ first floor flat
☐ maisonette	☐ second floor flat

You should only answer this question if you/they live in a house or a maisonette.

How many bedrooms are on the ground floor?	
How many ground floor bedrooms are available for your/their household's use?	

20. How many bedrooms are there in your/their current home? ☐

Of these how many bedrooms does your/their household have use of in your current home? (Household means you and the people who will be moving with you)	

21. Is there a toilet?

upstairs ☐ Yes ☐ No	downstairs ☐ Yes ☐ No

22. Is there a bathroom?

upstairs ☐ Yes ☐ No	downstairs ☐ Yes ☐ No

23. How many steps are there?

How many steps are there outside of the property?	
How many steps are there inside of the property?	

Once inside the property are there any steps (apart from the staircase) leading up or down to the:

Toilet (how many)		Kitchen (how many)		Other (give details)	

24. Is your/their home...

on or up a hill?	☐ Yes ☐ No
all on one level?	☐ Yes ☐ No

25. Please describe the heating in your/their home (tick all that apply)

☐ Electric ☐ Solid fuel ☐ Gas	☐ Oil ☐ Air source heating
Do you have an open gas flue? ☐ Yes ☐ No	

26. Does your current heating system affect your health? ☐ Yes ☐ No

If yes, please tell us how.

27. Does your/their current home have any of the following facilities? (tick all that apply)

☐ A bath only ☐ A bath with an over bath shower ☐ A level access shower / wet room ☐ A stair lift ☐ Hand rails	☐ Garage ☐ A ceiling track / mobile hoist ☐ A ramp ☐ A communal lift ☐ Disability parking bay
☐ Other (please state):	

28. Do you/they use other specialist clinical equipment? ☐ Yes ☐ No

For example, mobile hoist, oxygen bottles, dialysis equipment etc

If yes, please give details Does the current home have room to store the equipment? ☐ Yes ☐ No

29. Approximately, how far (in miles) are you/they from your nearest:

Shops/Post Office	Bus stop

30. Do you/they need to be near support services?

Hospital ☐ Yes ☐ No	Doctor/Surgery ☐ Yes ☐ No
Other support services – please give details	

31. Due to a health condition, are relatives currently giving clinical care or essential support with daily living tasks to you/ a member of your household within your current home?
☐ Yes ☐ No

If 'yes', please give details:

Relative's name			
Relationship			
Relative's address			
Postcode		Phone number	
What essential support is being provided?			
How often is support provided?	☐ More than once per week ☐ Once per day ☐ More than once per day		
On average, how many hours per visit?			

32. If your/their relatives are not able to provide essential support to help with your/their clinical condition because of where you/they live, please tell us:.

Relative's name			
Relationship			
Relative's address			
Postcode		Phone number	
How is the need for support currently being managed?			
Do/would they use public transport to enable them to provide support?			☐ Yes ☐ No
Do/would they use private transport to enable them to provide support?			☐ Yes ☐ No

33. Can we contact this person to discuss this application? ☐ Yes ☐ No

34. Do you/they need a property with any of the following due to your/their clinical condition/ disability?

Over bath shower	☐ Yes ☐ No
Level access shower	☐ Yes ☐ No
Accommodation on the ground floor	☐ Yes ☐ No
Accommodation with a stair lift	☐ Yes ☐ No
Level access entry	☐ Yes ☐ No
Wheelchair accessible accommodation	☐ Yes ☐ No
Fully wheelchair adapted property	☐ Yes ☐ No
Partially adapted kitchen	☐ Yes ☐ No
Fully adapted kitchen	☐ Yes ☐ No
Sheltered accommodation	☐ Yes ☐ No
If you have been diagnosed with a mental health condition or illness, does this result in any type of accommodation being unsuitable? If yes, please tell us why?	☐ Yes ☐ No

Answering yes does not guarantee that the facilities will be provided in future accommodation.

35. Is there a clinical need for you/they to have a separate bedroom? ☐ Yes ☐ No

If yes, please answer the below questions.

Name of the person needing a separate bedroom	
Are they currently sharing a bedroom?	☐ Yes ☐ No
Who are they currently sharing with?	
Please tell us the reason that a separate bedroom is needed?	

You must fill in questions (A – Doctor) & (B – Specialist/Consultant if applicable). This information is important to help us to process the functional assessment application.

A – Doctor

Name of doctor	
Address of doctor	postcode
Phone number	

B – Specialist/Consultant

Name of specialist/ consultant	
Address of specialist/ consultant	postcode
Phone number	

Please use this space to tell us any additional information which supports your need to move to alternative accommodation

Please make sure that you sign the declaration on the next page. If you do not sign the declaration the form will not be assessed and will be returned to you.

Declaration and authority to seek information

- I/we confirm that the details I/we have given are to the best of my knowledge true.
- I/we confirm my/our agreement for you to access health details from my/our doctor or other health care professional in connection with my/our application.
- I/we will notify you of any change in the details given on the application form.
- I/we agree that you can make any necessary enquiries in line with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). This may include sharing information with other council departments and partners.
- I/we authorise you to make any referrals necessary in connection with my/our application. (This might include referrals to other services such as Occupational Therapy). I/we agree to any visits that may be needed to further assess my/our situation.

Signed (applicant):	Date

Signed (other adult members of the household aged 16 or over) that are included in question 4:	Date

If you have filled in this form for the applicant please fill in the section below.

Signed on behalf of applicant: Relationship to applicant:	Date

Please tell us why the applicant is unable to fill in the form:

Please return this form to:

Housing and Property
Moray Council
PO BOX 6760
Elgin
IV30 9BX

If returning by post please make sure a large letter stamp is used

Buckie Access Point
13 Cluny Square
Buckie
AB56 1AJ

Forres Access Point
Auchernack
High Street
Forres
IV36 1DX

Elgin Access Point
Council Office
10 High Street
Elgin
IV30 1BY

Keith Access Point
The Resource Centre
26 Mid Street
Keith
AB55 5AH

Phone: 0300 123 4566

Email: housing@moray.gov.uk