

**DECLARATION**

***“Cathcart & District Housing Association Ltd (CDHA) is registered under the Data Protection Act 2018. CDHA is 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.”***

I hereby give permission for the CDHA’s medical advisor to ask my Doctor/Hospital Specialist, in confidence, for further information. I hereby certify that the particulars in this application are true, and I understand that any false or misleading information or withholding of relevant information now and at any time may result in any tenancy granted to me being terminated.

I understand that this application will be cancelled when I accept a property offered through the register. If I want to move again, I know that I will have to make a new application.

I understand that you will write to me every year, on the anniversary of my application, asking if I still want housing. I agree that if I do not respond to that letter and update form, you will cancel my application.

**Signatures. If you are applying with someone else, you must both sign or we will not process the form.**

Signed (applicant): ..........................................................…............. Date: ........................

# Name and Address of Local Housing Organisation

Cathcart & District Housing Association Ltd

3/5 Rhannan Road, Cathcart, Glasgow, G44 3AZ

**APPLICATION FOR RE-HOUSING - MEDICAL PRIORITY**

Applicant’s Name: ......................................................…. Date of Birth: ......................

Applicant’s Address: ....................................................................................................................

...............................................................................................................................................

Reference: .................................................................…………………………………………….…

Signed: .......................................................................…. Date: ..................................

on behalf of Cathcart & District Housing Association

Cathcart & District Housing Association Ltd, 3 Rhannan Road, Cathcart, Glasgow, G44 3AZ

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**FOR OFFICE USE ONLY**

⬜ Re-housing essential

* Re-housing not essential
* Medical ‘A’
* Medical ‘B’

The type of housing should be: ...............................................………………………………………………………………………

**REQUEST FOR RE-HOUSING - MEDICAL PRIORITY**

1. Name: …..............................................................................................................

2. Address: ....……........................................................................................................

.....…..….....................................................................................................

.......…...……..............................................................................................

1. Telephone: ........…......……..........................................................................................

4. Please list the members of your household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Date of Birth** | **Relationship** | **Moving with Applicant** |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |

5. When did you move to your present address? ..............................................................

6. What type of property do you live in?

TENEMENT / MULTI STOREY / MAISONETTE / 4-IN-A-BLOCK /

BUNGALOW / TERRACED / SEMI-DETACHED / OTHER

7. Which floor do you live on? ..........................................................................................

8. How many steps are there to your front door? ...............................................................

9. How many bedrooms are there in your present home? ..................................................

10. What type of heating do you have?

GAS / ELECTRIC / SOLID FUEL / OTHER

11. Is the property centrally heated? YES / NO

12. Do you have a garden? YES / NO

13. Do you have shops within easy reach? YES / NO

14. Do you have your own transport? YES / NO

15. Would you say the area you live in is hilly or flat? HILLY / FLAT

16. Describe your health problem in as much detail as you can: …………………………………………………………………………………………………….

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17. How long have you suffered from this complaint?

….................................................................................................................................

18. List any medication you are receiving (please provide a copy of your current repeat prescription):

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19. Why is your present house unsuitable?

…………………………………………………………………………………………………….

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20. What type of housing would suit your medical needs? …………………………………….....................................................................................

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21. Do you require housing all on the one level? YES / NO

22. Do you require sheltered accommodation? YES / NO

23. Are you registered as disabled? YES / NO

24. Are you registered blind? YES / NO

25. Do you use any of the following?

WHEELCHAIR / ZIMMER / TRIPOD / WALKING STICK

26. Do you use the aid

INSIDE - Always / Regularly / Occasionally

OUTSIDE - Always / Regularly / Occasionally

27. Do you have difficulty climbing the stairs? YES / NO

28. If Yes, how many steps can you manage?

..........................................................................

29. Have any adaptations been carried out to your present accommodation because of your medical needs? YES / NO

1. If YES please specify: ……………….……………………………………………………………………………………

......................................................................................................................................

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31. Is your present house fitted with a Housing Alarm? YES / NO

32. Have you been admitted to hospital in the past 12 months? YES / NO

Date of admission: ......................................... Length of Stay: ...................................

Hospital: ........................................................ Reason: ..............................................

33. Please give the name and address of your GP:

…………………………………………………………………………………………………….

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34. Please give the name and address of any hospital specialist you attend: …………………………………………………………………………………………………….

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35. Have you applied for medical priority before? YES / NO

36. If YES when did you apply? ..….........................................................................................

37. Do you have family support? YES/NO

If YES, please give the name and address of the supporter: ......................................................................................................................................

…………………………………………………………………………………………...............

State relationship: ………...........................................................................................................................

Details of support given: ......................................................................................................................................

…………………………………………………………………………………………………….

**Please add any further comments here:**

**Privacy Notice**

Cathcart & District Housing Association will process your personal data in accordance with UK data protection laws. Our privacy notice explains what information we collect, when we collect it and how we use this. A copy of our Privacy Notice can be found on our website at [www.cathcartha.co.uk](http://www.cathcartha.co.uk).