

You have been provided with this form to support your patient in applying for housing assistance.

In this form, you will be asked to assess how their medical condition(s) affect their wellbeing and/or ability to take part in daily living activities.

The information you provide will help us better understand your patient's situation and allows us to:

- assess the urgency and criticality of their need for housing assistance.
- understand any property modifications required.
- reduce the need to ask for additional medical evidence.

The provision of early access to housing (Priority) is not based just on the diagnosis of a condition, but rather how the condition affects a person's capacity to work and/or find other housing options.

Where your patient has multiple medical and health conditions, we ask for your assessment on the overall impact that the conditions have on their general wellbeing, as well as functional considerations such as mobility and how these contribute to their housing need.

There are three parts you need to complete:

- Diagnosis
- Impact on their daily living
- Property requirements

Please complete the following pages. You do not need to use this form if you are able to provide existing documentation which contain the information we need.

Patient and Practitioner Details

Patient's full name

Patient's Date of Birth

Practitioner's Name

Name of Organisation or Practice

Practitioner's Contact details (phone/email)

Length of patient relationship (months)

Practitioner's signature

Date signed:

1. Diagnosis

Please select the relevant diagnosis category(s). Select all that apply.

Intellectual or learning

Psychosocial/ mental health

Trauma*

Sensory or speech

Physical health, disability or neurodiverse

Alcohol and/or drug
dependency

Other addictive behaviours (eg: gambling)

*Trauma includes past incidents of domestic violence, childhood abuse or torture which still affects their wellbeing.

Please provide for each condition, when it was diagnosed, and if it is likely to improve, remain the same or get progressively worse.

2. Impact on their daily living

Please explain the overall impact of the condition(s) on your patient's ability to work and/or find suitable housing.

This includes:

- General ability to function in day-to-day life.
- Suitability to live in shared accommodation (e.g: refuges or short-term crisis accommodation), shared group homes or private rentals.
- Level of support that they require (scaled from none to full-time) and the type of support they receive.
- if they have a Registered Carer who stays overnight and how many nights are required (if known).
- Details of any relevant past, current or future treatment plans and their expected outcomes

3. Home Requirements

Please provide the specific property requirements of your patient.

This includes difficulty with stairs, wheelchair access, bathroom or kitchen modifications, lever taps and handles or specialist equipment such as hoists or dialysis machines.