

## Application for Medical Award

Application number

Band date

Band

**CONFIDENTIAL**




### Applicant Details

1. Name and address of person applying for medical priority

Name

Address

2. Age of applicant  3. Date of birth

4. Other occupants of the household (tick all that need housing with the applicant)

Name	Age	Date of Birth	Gender (M/F)	Relationship to applicant	Needs re-housing with applicant

5. Name and address of applicants Doctor

Name

Address

When was the doctor last seen?

### Current accommodation

6. What type of property does the applicant currently live in?

Bedsit  House  Bungalow

Flat or maisonette  Caravan  Hostel

Other, please state \_\_\_\_\_

7. How many bedrooms are there in the current property? \_\_\_\_\_

8. Does the current property have any stairs or steps to climb?

Number of stairs inside the property:	
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Number of steps outside the property:	
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9. What toilet facilities does the current property have? (tick all that apply)

Upstairs Toilet       Downstairs toilet       Outside toilet

10. What disabled facilities are in the property?

Level access shower       Stair lift       Ramp(s)       Other, please state

11. What type of heating is in the current property?

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### Medical Information

12. The medical condition(s) affecting the applicant

Describe the medical condition(s)	

How (if at all) does this make living in the current property difficult?	

How (if at all) does the current property make the medical condition(s) worse?	

13. Medical condition(s) affecting other occupants of the household

Name of occupant(s) affected	
Describe the medical condition(s)	

How (if at all) does this make living in the current property difficult?	

How (if at all) does the current property make the medical condition(s) worse?	

14. List all the medications currently being taken for the medical condition(s) described previously. This is important for an accurate assessment to be made.

Person affected	Medication(s) currently being taken

**Accommodation required**

15. Type of accommodation required

Describe the accommodation required	

16. How many bedrooms are required?

17. Is ground floor accommodation required? Yes  No

18. Is warden assistance required? Yes  No

**Additional Information**

19. Please include any further information that you think will be relevant in the space below


**Consent and signature**

*I give permission for the above information to be passed to the Lincs Homefinder medical advisor, the Lincs Homefinder partners, where required, and for further information to be obtained from my doctor, should this be necessary.*

Signature

Date

**FOR COMPLETE BY THE MEDICAL ADVISOR/PANEL ONLY**

Priority awarded:

<input type="checkbox"/>	Band 1
<input type="checkbox"/>	Band 2
<input type="checkbox"/>	Band 3
<input type="checkbox"/>	No award

Previous assessment award

Date awarded/assessed DD / MM / YYYY

Is ground floor accommodation required? Yes  No

Is an extra bedroom for family member required? Yes  No

Medical Advisor/Panel comments


Signature

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Date

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If you require this information in another language or format please contact your local council, contact details are provided below.

### **Polish**

Jeśli potrzebujecie Pan/Pani otrzymać te informacje w innym języku, należy skontaktować się ze swoją lokalną radą. Dane kontaktowe podane są poniżej.

### **Russian**

Если эта информация требуется вам на другом языке, обратитесь в местную администрацию. Контактные данные приведены ниже.

### **Slovak**

Ak budete potrebovať tieto informácie v inom jazyku, kontaktujte svoj miestny úrad. Kontaktné údaje sú uvedené nižšie.

### **Bengali**

আপনার যদি এই তথ্য অন্য কোন ভাষায় দরকার হয়, তাহলে দয়া করে আপনার স্থানীয় কাউন্সিলের সাথে যোগাযোগ করবেন। যোগাযোগ করার তথ্য নচি দেওয়া হয়েছে।

### **Czech**

Jestliže potřebujete tyto informace v jiném jazyce, prosíme, kontaktujte Váš místní úřad, viz níže uvedené kontakty.

### **Latvian**

Ja jums nepieciešama šī informācija citā valodā, lūdzu, sazinieties ar savu vietējo pilsētas padomi. Kontaktinformācija norādīta zemāk.

### **Lithuanian**

Jei ši informacija Jums reikalinga kita kalba, prašom kreiptis į vietinę savivaldybę, kurios kontaktinė informacija yra pateikta toliau.

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If you would like a copy of this in large, clear print, audio, Braille or in another language, please contact your local council, contact details are provided above.