

Guidance for Applicants

If you or another person included in your application has a health problem which is made worse by your living conditions, or your home is unsuitable for medical reasons, then you should complete this form. If you have any doubts about whether you might qualify for a medical priority, you are advised to complete this form.

This form should be returned to the address on page 5. It will then be submitted to our Medical Adviser for a decision as to what level (if any) of medical priority should be given to your application. You will be advised if there is any change in the points awarded to your application, Medical priority will not normally be given on grounds of pregnancy, relationship / marriage breakdown or other emotional problems, or defect in the condition of your home.

Please provide copies of:

- Any letters you have from medical professionals that support your application. If you do not have any letters there is no need to ask your Dr/consultant for a letter unless we specifically request that you get one.
- A photocopy of your prescription or the labels on your medication

On occasion, we may require additional information. In these circumstances, we may either ask you to provide further information such as a letter from your Dr or consultant, or we may contact your Doctor/consultant or other medical professional. The council will not be responsible for an fees incurred.

Name:

Date of birth:

National Insurance Number:

Current address:
(if applicable)

Contact telephone:

Contact mobile:

Contact address:
(if different)



1 Your present home

Flat

Maisonette

House

Bungalow

Other
(please state)

Number of bedrooms

Which floor are the following rooms on (Ground floor, First floor etc)

Bedroom

Toilet

Kitchen

Living Room

How many stairs/steps are there?

To your home?

Inside your home?

Is there a lift?

Yes

No

2 The medical problem

What is the medical problem?

Name of medication

Dosage

How long taken?

Please enclose repeat prescriptions or photocopies of labels of your medication.
Your form will not be processed without these.

How does the medical problem affect you?

Why do you think your present home is unsuitable for your medical condition?

Are you registered disabled?

Yes

No

Are you in receipt of DLA or PIP?

Yes

No

If yes, please state whether this is for the mobility component, the care component or both.

Authorisation to obtain medical information

Name of family doctor:

Family doctor address:

Name and department of hospital:

Hospital address:

Data Protection Notice

East Herts District Council is a Data Controller and can be contacted at: Wallfields, Pegs Lane, Hertford, SG13 8EQ. The Council has an appointed Data Protection Officer who can be contacted at the same address.

Medical information that we collect from you and/or a medical professional is classified as Special Category personal data. Where we process your special category data, we do so to provide you with social services and benefits and to comply with social security and social protection law particularly:

- o Housing Act 1996
- o Homelessness Act 2002
- o Localism Act 2011
- o Homelessness Reduction Act 2017

We are collecting your Special Category personal data in order to deliver Housing Services to you, to process your application for social housing and provide advice and assistance on housing and homeless issues. Your personal data will not be shared with third parties but may be used for Council purposes, in order to prevent or detect crime, to protect public funds or where we are required or permitted to share such data under other legislation. Your data will be kept for 6 years in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Please contact the Data Protection Officer for further information. Any concerns or complaints regarding your personal data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF Tel: 0303 123 1113. Please note that if you do not provide the information required on the form, then we will not be able to support your Housing Register application with your medical information.

This Privacy Notice should be read with the Housing Service Privacy Notice which can be found on our website. If you do not have access to a computer, please let us know if you would like a copy.

I hereby agree to the processing of my special category (sensitive) personal data:

Declaration

I agree that the information given on this form is correct to the best of my knowledge.

I also agree that, if necessary, East Herts Council or their Medical Adviser may contact my Doctor or Consultant for further information. I understand that the Council will not be responsible for any fee which is charged.

Your signature:

Date:

**MEDICAL POINTS WILL NOT BE ASSESSED
UNLESS PROOF OF MEDICATION IS PROVIDED**

**Please return this form with proof of medication to:
The Housing Options Team
East Herts Council
Wallfields
Pegs Lane
Hertford
Herts
SG13 8EQ**

Alternatively click the send button below. This will open your email application and attach as a new message.