

HOME CHOICE BRISTOL

Application for Extra bedroom on health grounds

GUIDANCE NOTES

Please read these guidance notes carefully before applying for any additional bedroom on health grounds.

Further help and information about rehousing please visit one of our customer service points (see back page), our website www.homechoicebristol.co.uk or Telephone 0117 922 2400

IMPORTANT INFORMATION

Please be aware that if you have a medical condition this does not automatically mean you qualify for medical priority or an extra bedroom. The health and housing team do not assess the severity of a health condition alone. It is the problems you currently have coping in your accommodation due to your health problems that determines whether or not any degree of priority is awarded.

- Extra bedrooms will only be considered if there is a serious health problem that requires a separate bedroom. Because of the shortage of social housing your request may be denied if we consider that twin beds in one room can be utilized or that a sofa bed or similar can be used for a carer. We may sometimes recommend that a studio flat is not suitable.
- In the event of applying for a child to have a separate bedroom please note that we will require supporting evidence from professionals involved in their care or management.
- If you are requesting an extra bedroom to enable a carer to stay overnight please note that this request will not normally be considered without evidence of High rate Disability Living Allowance (DLA) for overnight care or High rate Attendance Allowance. Evidence of carers allowance may also be requested and supporting evidence from the carer or agency that will provide this care.
- Please note that an award of High rate care component of DLA does not in itself automatically mean an additional bedroom will be agreed
- We do not agree extra bedrooms for storage of medical supplies. Please contact your supplier or hospital for advice.
- If you are interested in sheltered housing (60 plus) please be aware that most schemes only have one bedroom flats.
- You may like to know that many of Bristol's 50 plus two bed properties are sometimes advertised to allow couples eligible for one bedroom to make a bid.

How to apply

- You need to be registered with Home Choice Bristol. When your application has been accepted we can consider your request for additional bedrooms and any extra Medical Priority for this.
- If you are already on the register and have had a previous health assessment at your current address and you wish to inform us of a significant change of circumstances or deterioration in your condition which is having a major impact on your housing please call 0117 922 2400 for advice.
- A Health and Housing Officer will assess your request. You may be telephoned for further details or you may be visited at home.
- The Health and Housing Officer may need to undertake further enquiries from professionals involved in your care. Please also be aware that the team also have access to some Bristol City adult health and social care records and will use these to obtain relevant information to assess your case. If you are on the waiting list for adaptations, or have recently had adaptations the adaptation team will also be advised of your rehousing request.
- You can normally expect to hear from us within 6 weeks of us receiving your form. If you fail to complete the form correctly this will lead to delays. Sometimes we have to write to your GP or contact other professionals involved and any delay may then be out of our control. Please DO NOT ask your GP to provide letters of support. You may be charged if you do. We will contact your GP for confirmation of health problems if we think it necessary.

Please note that if you are awarded any medical priority the type of housing needed for your condition will be recorded on your application records. If you make a bid for a type of property that we have not recommended then you may be overlooked for it when the property is allocated. If you do not agree to this then you may ask for your medical priority to be removed. Please be aware that there is very limited stock of sheltered 2 bedroom housing, and you may still need to consider other areas and options in order to be rehoused.

Band 2 awards are closely monitored and may be reviewed if you are not rehoused or have failed to make any bids after 6 months.

Bristol City Council Customer Service Points

**Phoenix Court
Bond Street South
Bristol
BS1 3PH**

**Opening Times:
8.30 am – 6.00 Monday – Friday
10.00 – 6.00pm Wednesday**

**Bedminster
2/3 Waring House
Redcliffe Hill
Bedminster
Bristol, BS1 6TB**

**Opening Times:
8.30 am- 5.00 pm Monday, Tuesday Thursday
10.30 am – 5.00 pm Wednesday
8.30 am – 4.30 pm Friday**

**Robinson House
Hockeys Lane
Fishponds
Bristol, BS16 3HL**

**Opening Times:
8.30 am- 5.00 pm Monday, Tuesday, Thursday
10.30 am – 5.00 pm Wednesday
8.30am – 4.30 pm Friday**

**Symes House
Peterson Square
Hartcliffe
Bristol, BS13 0BD**

**Opening Times:
8.30 am- 5.00pm Monday, Tuesday, Thursday
10.30 am – 5.00 pm Wednesday
8.30 am – 4.30 pm Friday**

**147 Salcombe Road
Knowle
Bristol
BS4 1AB**

**Opening Times:
8.30 am- 5.00 pm Monday, Tuesday Thursday
10.30am-5.00 pm Wednesday
8.30 am- 4.30pm Friday**

**Ridingleaze House
Ridingleaze
Lawrence Weston
Bristol BS11 0QE**

**Opening Times:
8.30 am- 5.00 pm Monday, Tuesday Thursday
10.30 am- 5.00 pm Wednesday
8.30 am- 4.30 pm Friday**

**Southmead House
256 Greystoke Avenue
Southmead
Bristol, BS10 6BQ**

**Opening Times:
8.30 am – 5.00 pm Monday, Tuesday, Thursday
10.30 am – 5.00 pm Wednesday
8.30 am- 4.30 pm Friday**

Further advice can be found on www.homechoicebristol.co.uk

Home Choice Bristol 0117 922 2400

MEDBED

Issued by _____
HCB ref _____

HOME CHOICE BRISTOL

Request for additional bedroom on health grounds

Main applicant _____

Current Address _____

Date of birth _____ Daytime telephone _____

Please tick which of these situations apply to you

I cannot share a room with my partner because of health reasons *please complete section 1*

Name of partner _____ DOB _____

A child in my household needs his/her own room because of health reasons *please complete section 2*

Name of child _____ DOB _____

I require an extra room for a carer to stay overnight *please complete section 3.*

Name of person requiring the carer _____ DOB _____

Name of GP _____

Address _____

Telephone _____

Please do not ask your GP for letters of support. You may be charged for this . We may contact your GP for further information relating to your health problems if we feel this is necessary.

CONSENT AND DECLARATION **All applicants must complete**

- I confirm that the information provided on this form is true
- I am aware that Bristol City health and housing team have access some adult Health and Social Care records within the council and that these may be used as part of the assessment process.
- I agree to the information given by me on this form being used by Home Choice Bristol to assess my priority for rehousing.
- I agree that Home Choice Bristol can seek additional information from my Doctor, other agencies, or people who provide support, to assist my application for medical priority.
- I agree to the sharing of information that I have given, or that has been given about me, with relevant agencies on a 'need to know' basis and in accordance with Data Protection requirements.

Main applicant Signature

Partner Signature (if applicable)

Date

Did you complete the form yourself Yes No. If no, state who completed the form Name

Signature

Role to applicant eg relative, carer, support worker Contact number

If we need to contact you by telephone please indicate if you have any communication difficulties.

Section 1

Please complete the following section if you wish to apply for an extra room because health problems mean you are unable to share with your partner. Circle Yes or No and fill in spaces where appropriate. Failure to complete correctly or not provide evidence as requested will delay your application.

Yourself. Name _____

Describe any physical or mental health problems (state N/A if none)

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How long have you had this/these _____

Your partner. Name _____

Describe any physical or mental health problems (state N/A if none)

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How long have you had this/these _____

Please list any prescribed medication you receive on a regular basis. **Please enclose a photocopy of your most recent prescription**

Yourself	Partner

If you currently receive hospital outpatient appointments please name the consultant and hospital that you regularly attend

Yourself	Partner

Have you had any hospital admissions for these health problems in the past 12 months. Please provide dates and duration of our stay.

Yourself	Partner

Do you currently receive any health related benefits. **Please provide photocopies of your most recent benefit advice letter**

Yourself	Partner

Describe your current sleeping difficulties and explain why you think you need an extra bedroom.

What type of housing do you think you need.

Current housing

State number of bedrooms _____ State number of living rooms _____

Please state who sleeps in each room
bedroom

1 _____ 2 _____

3 _____ 4 _____

Living room _____ Dining room _____

Do you have bathroom facilities on the same level as your bedroom Yes No

If you live in a house or maisonette do you have any bathroom facilities on the ground floor Yes No

Describe current sleeping arrangements and what type of beds you use.(single beds, double,hospital bed, bed settee etc.)

Name of any health professional involved in your care who may be able to provide supporting evidence _____

Title _____

Address _____

Telephone _____ May we contact them? Yes No

Please add any further information below which you feel would assist us to understand your difficulties further

Section 2

Please complete the following section if you wish to apply for a separate room because of a health problem for a child in your household. If there is more than one child needing a separate room please ask for additional forms. Circle Yes or No and fill in spaces where appropriate. Failure to complete correctly or not provide evidence as requested will delay your application.

Please describe the child's physical or mental health problems

How long has your child had this/these _____

Please list any prescribed medication your child receives on a regular basis. **Please enclose a photocopy of their most recent prescription**

Please describe the current difficulties.

Does your child attend any outpatient appointments at a hospital for the conditions mentioned above. Yes No

Name of consultant or health professional _____

Address _____

Telephone _____ May we contact Yes No

If there are any school/nursery difficulties please describe

Name of teacher or school representative _____

Address _____

Telephone _____ May we contact Yes No

Does this child have a statement of special educational needs Yes No

Do you or your child currently receive any counselling, psychological help or family support Yes No

If yes please state who provides this

Name _____ Organisation/Title _____

Address _____

Telephone _____ May we contact them? Yes No

Describe the frequency and type of help received

Who does your child currently share a bedroom with

Name _____ Male Female Age _____ Relationship _____

Name _____ Male Female Age _____ Relationship _____

Name _____ Male Female Age _____ Relationship _____

Do any of these people have health problems Yes No

If Yes please describe

What is the approx size of the room and what bed arrangements are there eg bunk, single double.

Current property please state

How many bedrooms _____ How many living rooms _____

Please state who sleeps in other rooms in the property

Bedroom1. Child and others as above 2 _____

3. _____ 4 _____

Lounge _____ Dining room _____

Does your child receive any health related benefits Yes No

If yes please describe **Please enclose photocopies of the most recent benefit advice letters**

Does your child need equipment or other special aids that require additional space
Yes No

If yes please describe

If your child is known to the Occupational Therapy team please give the name of the Occupational Therapist_____

Address_____

Telephone_____ May we contact them? Yes No

Name of any other person who is involved with your family who may provide additional information_____

Title_____ Telephone_____

Please add any further information below which you feel would assist us to understand your difficulties further

Section 3

Please fill out this section if you are requesting an additional bedroom for a carer. Circle Yes or No and fill in spaces where appropriate. Failure to complete correctly or not provide evidence as requested will delay your application.

Describe the physical and /or mental health problems of the person requiring a carer.

How long have you had this/these _____

Please list any prescribed medication you receive on a regular basis. Please enclose a photocopy of your most recent prescription

If you currently receive hospital outpatient appointments please name the consultant and hospital that you regularly attend

**Are you in receipt of Disability Living Allowance care component Yes No
If yes which level do you receive _____**

**Are you in receipt of Attendance Allowance Yes No
If yes which level do you receive _____**

**Does anyone receive carers allowance for you Yes No
If yes who is this person _____**

Please state any other health related benefits

Please enclose photocopies of your latest benefit advice letters

Do you currently receive any care or support ? Yes No

**If yes who mainly provides this _____
Is this a relative Yes No**

Is this person intending to live permanently with you? Yes No

Is this an agency ? Yes No

Address _____

Telephone _____

We may need to contact them to verify this information.

Have your care needs been assessed by Health and Social care services Yes No

Are any Direct payments received ? Yes No

Please describe in detail all the care and support you receive

How often is this care or support provided

Does your carer ever stay overnight? _____

Where does he/she sleep _____

Describe any care required overnight

How far does your carer travel to you

How do they travel to you . If by public transport please provide details and approximate cost .Please describe any difficulties (if applicable)

Please add any further information below which you feel would assist us to understand your difficulties further

Please return to: Rehousing Service, P.O. Box 595, BS99 2AW. Or hand into a customer service point. Please ensure copies of benefit awards and prescriptions are enclosed. And consent is signed. Failure to do this will delay your application

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