Social Housing - Health Assessment Form

CONFIDENTIAL

Important information for the applicant

When you make an appointment with your health professional, please let the receptionist know that you will need this document completed.

Please check what the appointment might cost you.

- This form must be completed by one of the below health professional who are currently involved in your treatment.
  - **Occupational Therapist**
  - **Aged care assessment officer**
  - **General Practitioner/ treating Doctor / Specialist**
  - **Community Health Nurse**
  - **Clinical Psychologist**
  - **Psychiatrist**
  - **Mental Health Support Worker**
- You must then return the completed form to Housing Connect
- Please remember to sign the form on page 5
- The information will help Housing Connect better understand what type of home you need
- If you have any questions, please talk to Housing Connect before this form is completed

Part A - Health Assessment for:

Name: ______________________ Application ID *(if known)*: ______________

Date of Birth: ______________ Phone Number: ______________________

Current Address: ____

Relationship to main applicant:

- ☐ Self
- ☐ Partner / Spouse
- ☐ Dependent child
- ☐ Independent related adult
- ☐ Other adult household member

Information for Treating Health Professional

The Tasmanian Government aims to ensure that low income earners have access to adequate, affordable and appropriate housing.

Your assistance is requested to provide information about any physical health, mental health and/or mobility conditions of the applicant or a household member.

This information will be used by Housing Connect to help determine their accommodation needs.

Part B – Treating Health Professional's Report

? Does the client have any of the below physical, mental or other health conditions that are ***impacted or aggravated by their current living conditions***?

Part B.1 Physical Health

- ❑ Diabetic related condition
- ❑ Autism spectrum disorder
- ❑ Paraplegic/quadriplegic
- ❑ Severe Arthritis
- ❑ Dementia
- ❑ Intellectual disability
- ❑ Muscular/Skeletal condition
- ❑ Sensory *(hearing/sight)*
- ❑ Developmental delay
- ❑ Epilepsy
- ❑ Cerebral Palsy
- ❑ Physical disability
- ❑ Multiple Sclerosis
- ❑ Neuromotor impairment
- ❑ Acquired brain injury
- ❑ Respiratory related condition/disease

❑ Other unlisted condition; please specify: ______________________

Part B.2 Mental Health

- ❑ Clinical depression
- ❑ Anxiety disorder
- ❑ Psychosis
- ❑ Substance related disorder
- ❑ Personality disorder

❑ Other unlisted condition; please specify: ______________________

Please provide additional information about the person's health, if relevant:

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Part B.3 Accommodation Requirements

What is important about the property amenity *(internal and external)?*

- ❑ Walk-in shower
- ❑ Front/rear ramps
- ❑ Level entry
- ❑ Roll-in shower
- ❑ Modified kitchen
- ❑ Manual wheelchair access
- ❑ A bath
- ❑ Fully modified property
- ❑ Electric wheelchair access
- ❑ No wood heating *(electric/ gas heating only)*
- ❑ Disabled parking
- ❑ No internal stairs
- ❑ Other unlisted amenity; please specify: ______________________________

Additional bedrooms required

- ❑ One
- ❑ Two
- ❑ Three

Reasons for the additional bedroom/s:

- ❑ Medical equipment
- ❑ Live-in carer
- ❑ Other household member/s requires own room
- ❑ Children cannot share due to disability
- ❑ Other unlisted reason; please specify: ______________________________

Part B.4 Location Requirements

What is important about where the person lives?

- ❑ Close to public transport
- ❑ Close to hospital services
- ❑ Close to general services *(banking, post office, groceries)*
- ❑ Close to community health services
- ❑ Stand Alone House *(not a flat or unit)*
- ❑ Unit complex
- ❑ Environmental factors; please specify: ______________________
- ❑ Other locational requirement; please specify: ______________________

Part B.5 Impact

Please indicate below the condition that ***is impacted by the person's current accommodation most***, from all identified in this report.

Main Health Condition: ______________________

How long is this condition likely to last? *Please tick ✓ one below:*

- ❑ **Short** (up to 6 months)
- ❑ **Medium** (6 months – up to 2 years)
- ❑ **Long** (2 years or more)
- ❑ **Permanent**

What is the severity of this condition? *Please tick ✓ one below:*

- ❑ **Low** Has difficulty but doesn't need help/supervision **or** doesn't have difficulty but uses aids/equipment
- ❑ **Medium** Has difficulty and occasionally needs help/supervision
- ❑ **High** Always or frequently needs help/supervision

Please note: The health professional completing this form must be currently involved in the treatment of the listed person and details must be provided on the following page

Part B.6 Completing health professional details

Full name: ______________________________

Please tick ✓ one below:

- ❑ General Practitioner
- ❑ Specialist physician
- ❑ Psychiatrist
- ❑ Clinical Psychologist
- ❑ Occupational Therapist
- ❑ Community Health Nurse
- ❑ Aged Care Assessment Officer
- ❑ Mental Health Support Worker

Address: ______________________________

Suburb: ____________________ Postcode: __________

Phone: ____________________ Email: ____________________

______________________________ ______________

Signature of Health Professional **Date**

Stamp *(if applicable)*

Part C - Client Declaration and Permission

I give permission for the above health professional to release this information to Housing Connect.

I understand that the information in this document will be used to assist Housing Connect to assess my application for housing.

I agree that the information in this form is true and correct at the time it was completed.

______________________________ ______________

Signature of applicant or guardian **Date**

Please return completed form to your closest Housing Connect office:

North and North West Tasmania

In Person or Post: 122 Elizabeth Street, Launceston
31 King Street, Devonport
6 Strahan Street, Burnie
43 Smith Street, Smithton *(Wyndarra Centre)*

email: NW - hcnwadmin@anglicare-tas.org.au
North – hcadmin@anglicare-tas.org.au

Sothern Tasmania

In Person: Level 3, 181 Collins Street, Hobart
Suite 3 & 4, 13 Bayfield Street, Rosny

Post: GPO Box 1679, Hobart Tas 7001

email: concierge@colony47.com.au