



**Derby City Council  
Corporate  
&  
Adult Social Services  
Re-Housing Assessment Recommendation**

**Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐

**Surname:**..... **Swift I.D Number:**.....

**Forename:**..... **Housing Ref. No:(if Known)**

.....

**Address:**.....

..... **D.O.B** \_ \_ / \_ \_ / \_ \_ \_ \_

**Post Code:** .....

**Home Telephone Number:** .....

**Work Telephone Number:** .....

**Mobile Telephone Number:** .....

**E- Mail Address:** .....

**Contact Address: (If you do not want letters going to your home address)**

.....

.....

**Ethnic Origin:**

**Bangladeshi** ☐ **Black African** ☐ **Black Caribbean** ☐ **Black Other** ☐

**Chinese** ☐ **Indian** ☐ **Pakistani** ☐

**White** ☐ **Irish** ☐ **Other (Please specify)**.....

**White other**

**First Language:**..... **Interpreter Required**.....

**Registrable:** **Deaf** ☐ **Hard of Hearing** ☐

**Blind** ☐ **Partially Sighted** ☐

**Deaf/Blind** ☐

**Priority Status: Please indicate by a ✓**

**E !**

**P1 !**

**P2 !**

**Housing Provider ( Please Specify)**

**Derby Homes** ☐

**Owner Occupier** ☐

**Registered Social Landlord (Please Specify).....**

.....

**Private Landlord: (Please give details below)**

**Address.....**

.....**Contact Number: .....**

**What Type of accomodation does the above live in at present?**

**House: 1 bed ☐ 2 bed ☐ 3 bed ☐ 4 bed ☐**

**Bungalow 1 bed ☐ 2 bed ☐ 3 bed ☐**

**Flat 1 bed ☐ 2 bed ☐ Property Level .....**

**Please give details of all the people who want to be re-housed with you:**

<b>Surname</b>	<b>First Name</b>	<b>Sex M / F</b>	<b>Relationship to you i.e. wife</b>	<b>Date of Birth</b>	<b>Age</b>

## **MOBILITY**

**Does your service user use a wheel chair?**

All the time, indoors and outdoors ☐

Sometimes outdoors ☐

Sometimes indoors, mostly outdoors ☐

mostly outdoors ☐

Never ☐

**Does your service user need any of the following to help get around?**

Wheel Chair ☐ Indoor / Outdoor ☐ Please specify.....

1 Stick/ Crutch ☐

2 Sticks/Crutches ☐

Walking Frame ☐

Other ☐ Please state.....

In the box below please tick what you feel your service user can safely manager to climb: -

1 Step

With out Rails

With Rails for assistance

2 Steps

With out Rails

With Rails for assistance

A flight of stairs

With out Rails

With Rails for assistance

## **ACCESS TO YOUR HOME**

**How does your service user access their current property?**

Ramp ☐

Level Access ☐

1 Step ☐

More than 1 Step ☐

Stairs ☐

External Step Lift ☐

## **INSIDE YOUR HOME**

**Does your Service User have stairs in their current property?**

**Do they have difficulties with the stairs?**

Yes ☐ No ☐

If yes please explain why.....

.....

Do they have the following to help with the stairs? 2<sup>nd</sup> Stair Rail ☐

Stair Lift ☐

Do you think they would be able to manage a stair lift? Yes ☐ No ☐

## **BATHING FACILITIES**

What bathing facilities do they have in their current property?

Bath ☐ Over bath Shower ☐ Level Access Shower ☐

Dish Floor Shower (i.e. wet floor area) ☐

Please indicate what equipment, if any your service user has to assist them in bathing.  
(E.g. bath board/seat, bath lift, hoist etc)

.....  
.....  
.....

Are they still finding it difficult to use their existing bathing facilities even with  
equipment? Yes No

If yes, please explain why.....

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## **KITCHEN FACILITIES**

Is your service user the main cook in the household? Yes ☐ No ☐

If yes to the above, are they able to use their present kitchen?

Yes ☐ No ☐

If no, to the above. Please explain why, as this may mean that adaptations could make  
the kitchen accessible.

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### **SENSORY IMPAIRMENTS**

Is your service user registered as partially sighted/blind?    Yes    ☐    No    ☐

Has your service user a hearing impairment?                    Yes    ☐    No    ☐

If the answer to the above question were yes, what adaptations or equipment would your service user require?

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### **“TELE-CARE “ EQUIPMENT**

Please indicate what type of equipment.....

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### **OTHER OPTIONS CONSIDERED – i.e DFG APPLIED FOR: (Please specify Yes or No and any out comes)**

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### **CAN CURRENT PROPERTY BE ADAPTED:**

Yes                    No

**PROPERTY TYPE REQUIRED: - Preferred Tenancy required: i.e.**

**Derby Homes** ☐ **Housing Association** ☐

**Registered Social Landlord** ☐ **Private Rented** ☐

**House**      **1 bed** ☐      **2 bed** ☐      **3 bed** ☐      **4 bed** ☐

**Bungalow**   **1 bed** ☐      **2 bed** ☐      **3 bed** ☐

**Flat**            **1 bed** ☐      **2 bed** ☐      **Property Level.....**

**Adaptations required:**    **Stair Lift** ☐    **Through Floor Lift** ☐

**Ramp** ☐            **Dish Floor Shower** ☐    **Level Access Shower** ☐

**Grab Rails** ☐ **(Please indicate where:.....**

**Stair Rails** ☐      **External Hand Rails**      **Front** ☐    **Rear** ☐

**Any additional comments or information (including relevant medical information, long term needs to ensure suitable property allocated).**

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### **OTHER INFORMATION**

Please use the space below to give any other details which you think might be relevant in supporting your service user to be re-housed to a suitable adapted property. I.e. **Care Package / Family Break down / Hospital Discharge.**

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### **DECLARATION**

I certify that the above disabled person's needs have been assessed under the terms of the Chronically Sick and Disableds Persons act 1970 and the NHS and Community Care Act 1990.

The above name person is a diabled occupant within the terms of the Local Government Housing Act 1989 and that works indicated are in my option, required to make the dwelling suitable for the acomodationnn, welfare or employment of the disabled occupant.

Workers Name:..... Date: \_\_ / \_\_ / \_\_\_\_

Contact Address:.....

.....Telephone Number: .....

Position .....i.e OT, PC, CCW, CM/SW

### **FOR OFFICE USE ONLY** ( To be filled in by Progress Chaser )

Date Received:.....Sent to Derby Homes:.....

Date sent to Housing Options : .....