PRIORITY FOR HOUSING NEED

This form must be completed by a recognised health/welfare professional who is currently working with the named applicant in a professional capacity.

(Forms should be submitted only where, in the professional opinion of the person completing the form, there are significant and enduring health or welfare issues which will be resolved or considerably improved by alternative housing, and where it is not possible for the applicant to improve their own circumstances e.g. find alternative accommodation – please refer to guidance notes when completing this form)

Name of Person Submitting Form;		**Designation:**	

Full Name of Applicant:		**Date of Birth:**	
Address:		**Tel:**	
Is the applicant's current address **rented** or **owner-occupied**? *(Please circle/delete as appropriate)*			
Which Housing Authority Waiting List is the applicant on?			

Please complete names & contact details of all other health/social welfare professionals who are **currently** involved in supporting the applicant (if known) *(e.g. Health Visitor, Social Worker, O.T., Mental Health professional)*					
Name:		Name:		Name:	
Designation:		Designation:		Designation:	
Tel/Contact details:		Tel/Contact details:		Tel/Contact details:	

PROFESSIONAL CONCERNS *(please tick appropriate box (✓) and/or complete as required)*

A	**CONDITION OF PROPERTY**								
1.	**Overcrowding**		Has Environmental Health been contacted?	**Yes**		EH Report attached?	**Yes**		
	If Environmental Health have not been contacted please do so before submitting this form (Tel. 685894)								
	Has the applicant actively sought alternative accommodation to relieve overcrowding?						**Yes**		**No**
	If **No** what is preventing them from doing so?								
2.	**Uninhabitable rooms**		Has Environmental Health been contacted?	**Yes**		EH Report attached?	**Yes**		
	If Environmental Health have not been contacted please do so before submitting this form (Tel. 685894)								
	Has the applicant actively sought alternative accommodation?						**Yes**		**No**
	If **No** what is preventing them from doing so?								
3.	**Safety concerns**		Has Environmental Health been contacted?	**Yes**		EH Report attached?	**Yes**		
	Brief details:								
B	**OTHER ISSUES** *(This may relate to physical health, mobility, personal safety, mental health & wellbeing)*								
1.	**Asthma**		Frequency of inhaler use :			Steroid Use:			
	COPD								
	Heart Failure								
	GP Contact details:								
2.	**Access issues due to disability**				Has referral been sent to OT?		**Yes**		
	OT assessment carried out?	**Yes**			OT report attached?		**Yes**		
3.	**Lack of safe play space for children**: Brief details:								
4.	**Difficulty with access for prams/pushchairs**: Brief details:								

5.	**Other**: Brief details:

6.	Please tell us clearly why the current accommodation is unsuitable and how rehousing will resolve or significantly improve the applicant's health or welfare issues. *Please be aware that low income is pointed separately by the housing provider so affordability is not within the remit of the health/welfare points available*

C. HOUSEHOLD COMPOSITION & DETAILS OF CURRENT PROPERTY

1.	**Please provide details of all other people currently living with applicant on a full time basis:**		*Please tick*	
Name	Relationship to Applicant, if appropriate	Date of Birth	Male	Female

2.	**Total number of rooms excluding bathroom and kitchen**					
3.	**Do family have to share kitchen with non-family members?**	**YES**		**NO**		
4.	**Do teenagers have to share room with younger siblings?**	**YES**		**NO**		
5.	**Room Usage** – e.g. bedroom/living room					

	Room used as (e.g. bedroom/living room):	Room used by:
Room 1		
Room 2		
Room 3		
Room 4		
Room 5		
Room 6		
Room 7		
Room 8		

D. SIGNATURE/S OF PROFESSIONAL/S SUBMITTING FORM

Signed: Designation: Date: Contact Tel. No.

Signed: Designation: Date: Contact Tel. No.

E. APPLICANT CONSENT

I understand that the information given on this form may be shared, in confidence, with other housing authorities and health/welfare agencies with whom the housing authority is working in order to find a property suitable for my needs. I authorise the health/welfare professional/s submitting this form on my behalf to disclose, in confidence, any information relevant to assessing and meeting my housing need.

Signed: Date:

Please return direct to the Housing Authority if known, or to Housing Manager, Housing Division, D.O.I., 2ND Floor, Markwell House, Douglas IM1 2SF