HOUSING CONNECT
CONNECTING YOU TO HOUSING AND SUPPORT

Social housing health assessment form

IMPORTANT INFORMATION

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 following (currently involved in your treatment):

- occupational therapist
- aged care assessment officer
- general practitioner, treating doctor, specialist
- community health nurse
- clinical psychologist
- psychiatrist
- mental health social worker.

Please remember to sign the final page of this form.

You must return the completed form to Housing Connect. 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 completing this form.

Part A: About the client

CONFIDENTIAL

Part A.1 Health assessment for:

Name: _____

Date of birth: _____ Phone: _____

Address: _____

_____

OFFICE USE ONLY

Application ID:

SUPPORTED BY Homes Tasmania

Part A.2 Relationship to main applicant

Please tick ✓as relevant

☐ Self ☐ Partner or spouse ☐ Dependent child

☐ Independent related adult ☐ Other adult household member

Part A.3 About carers (if applicable)

Please tick ✓as relevant

☐ I am a carer Are you a ☐ Related carer ☐ Non-related carer

Do you receive payment for your caring role? ☐ Yes ☐ No

Please provide payment details (eg carer payment, NDIS or other payment type):

_____

_____

_____

☐ I have a carer

Please give details (organisation/person, live-in/hours of support, other relevant information):

_____

_____

_____

Part A.4 About support (if applicable)

Please tick ✓as relevant

☐ I have a support worker or agency (please provide name and contact details)

☐ I require a support worker or agency

Please provide details:

_____

_____

_____

_____

_____

Information for treating health professional

Homes Tasmania works in partnership with community organisations to provide access to adequate, affordable and appropriate housing for people on low incomes.

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 housing needs.

An updated Health Assessment Form is only required when there has been a significant change in a person's health condition. This includes if a condition changes from non-permanent to permanent, or when the progression of a condition changes housing requirements.

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 and/or Part B.2 MUST be completed.**
- **Part B.6 MUST be completed.**

Part B.1 Health conditions

Please tick ✓ as relevant

- ☐ Acquired brain injury
- ☐ Autism spectrum disorder
- ☐ Cerebral palsy
- ☐ Dementia
- ☐ Developmental delay
- ☐ Diabetes-related physical health
- ☐ Multiple sclerosis
- ☐ Other condition – please provide details:
- ☐ Muscular/skeletal condition
- ☐ Neuromotor impairment
- ☐ Paraplegia/quadriplegia
- ☐ Respiratory-related condition
- ☐ Sensory (hearing/sight)
- ☐ Severe arthritis

Part B.2 Mental health conditions

Please tick ✓ as relevant

- ☐ Anxiety disorder
- ☐ Clinical depression
- ☐ Personality disorder
- ☐ Psychosis
- ☐ Substance-related disorder
- ☐ Other condition – please provide details:

Part B.3 Housing requirements – amenities

Please tick ✓ as relevant

Separating ESSENTIAL and DESIRABLE housing requirements increases the likelihood of finding a property match. Please note that while every effort will be made to locate a property with all desirable requirements, this cannot be guaranteed.

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

- ☐ Walk-in shower
- ☐ Roll-in shower
- ☐ A bath
- ☐ No wood heating (electric/gas only)
- ☐ Front/rear ramps
- ☐ Other – please provide details:
- ☐ Fully modified property
- ☐ Disability parking
- ☐ Level entry
- ☐ No internal stairs
- ☐ Electric wheelchair access

What is DESIRABLE (but not essential) about the property amenity?

- ☐ Walk-in shower
- ☐ Roll-in shower
- ☐ A bath
- ☐ No wood heating (electric/gas only)
- ☐ Front/rear ramps
- ☐ Other – please provide details:
- ☐ Fully modified property
- ☐ Disability parking
- ☐ Level entry
- ☐ No internal stairs
- ☐ Electric wheelchair access

Part B.4 Housing requirements – additional bedrooms

Please tick ✓ as relevant

Note: this question relates to increasing the person's current bedroom allocation.

Is an additional separate bedroom required, due to health reasons, relating to:

☐ Medical equipment

☐ Live-in carer (for overnight support from a person not listed on the application)

☐ Other household member/s need own room (household member listed on the application)

☐ Children cannot share due to disability

☐ Other reason – please specify:

Part B.5 Location requirements

Please tick ✓ as relevant

What is ESSENTIAL about where the person lives?

☐ Close to public transport

☐ Close to community health services

☐ Close to hospital services

☐ Environmental factors – please specify:

☐ Unit complex

☐ Standalone house (not a flat or unit)

☐ Close to general services (banks, shops)

☐ Other ESSENTIAL location requirements – please specify:

What is DESIRABLE (but NOT essential) about where the person lives?

☐ Close to public transport

☐ Close to community health services

☐ Close to hospital services

☐ Environmental factors – please specify:

☐ Unit complex

☐ Stand-alone house (not a flat or unit)

☐ Close to general services (banks, shops)

☐ Other DESIRABLE location requirements – please specify:

Part B.6 Impact

What health condition is most affected by the person's current accommodation arrangements?

Health condition: _____

How long is this condition likely to last? *Please tick ✓only one box*

- ☐ Short (up to 6 months)
- ☐ Medium (6 months to 2 years)
- ☐ Long (2 years or more)
- ☐ Permanent

What is the severity of this condition? *Please tick ✓only one box*

- ☐ 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 below.

Part B.7 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 social worker

Address: _____

Suburb: _____ Postcode: _____ Phone: _____

Email: _____

_____ _____

Signature and/or stamp of health professional — Date

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 help Housing Connect assess my application for social 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 make sure that Part B.1 and/or B.2 have been completed.

Please make sure Part B.6 has been completed.

Please return this completed form to your nearest Housing Connect office:

North and North-West	**South**
In person or by post: 122 Elizabeth Street, Launceston 31 King Street, Devonport 51 Wilmot Street, Burnie 43 Smith Street, Smithton *(Wyndarra Centre)*	**In person:** Level 3, 181 Collins St, Hobart **By post:** GPO Box 1679, Hobart, TAS, 7001
Email: North: hcadmin@anglicare-tas.org.au NW: hcnwadmin@anglicare-tas.org.au	**Email:** housing@colony47.com.au