



Alderney Housing Association

5 Martyn House
Queen Elizabeth II Street
Alderney
GY9 3TB
01481 824870

Health Needs Assessment Questionnaire

This questionnaire must be completed if any member of your household has special requirements that should be considered as part of your application for social housing.

If you need help completing this form or require further information please contact AHA on 824870. If you would prefer, you may also seek advice and/or assistance from a professional working with you.

As a result of the information provided, we may need to contact the professionals listed in this document. You will need to read and sign the declaration at the end of this questionnaire to enable us to do so. If this questionnaire relates to a person under the age of 18 years old this questionnaire must be signed by the child's parent or legal guardian.

When is this questionnaire needed?

This questionnaire should only be submitted if any of the following apply:

- You have housing needs related to an ongoing health issues;
- You are a disabled person with specific requirements for housing;
- Your current accommodation makes your medical condition worse;
- Your current home is difficult to manage due to your disability or health.

How to complete the questionnaire

Please answer all relevant questions in BLOCK CAPITALS and black ink. If you require more space than provided, please include on an additional sheet and attach to the questionnaire.

A separate questionnaire must be completed for each person in your household who is living with a health condition or disability.

Please return this Questionnaire to:

Alderney Housing Association, 5 Martyn House, QE II St., Alderney, GY9 3TB

Details of main applicant/tenant			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		Date of Birth:	
Surname		First Name(s)	
Address (include postcode)			
Details of main applicant/tenant			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		Date of Birth:	
Surname		First Name(s)	
Details of your medical condition or disability			
(please tick <input checked="" type="checkbox"/> all that apply and provide more details in the box below if required)			
Mobility Impairment	<input type="checkbox"/>	Respiratory – difficulties with breathing	<input type="checkbox"/>
Chronic or long term illness	<input type="checkbox"/>	Allergy	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>
Blind or severely visually impaired	<input type="checkbox"/>	Other:	
Please tell us the name of your conditions and state any formal diagnosis you have been given.			
Do you receive any help or support?			Yes / No
(if yes please tick <input checked="" type="checkbox"/> who you receive support from and include their name, if known)			
District/Community Nurse	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	Home Carer	<input type="checkbox"/>
Community Psychiatric Nurse	<input type="checkbox"/>	Other (state)	<input type="checkbox"/>

Please tell us the name and address of your General Practitioner:

What difficulties do you experience currently?

(please tick all that apply)

Climbing stairs <input type="checkbox"/>	Unsuitable property for wheelchair <input type="checkbox"/>
Using a bath <input type="checkbox"/>	No room for specialist equipment <input type="checkbox"/>
Mobility Impairment <input type="checkbox"/>	Respiratory – difficulties with breathing <input type="checkbox"/>
Using an upstairs toilet <input type="checkbox"/>	No room for overnight carer <input type="checkbox"/>
Heating (or lack of) causes health problems <input type="checkbox"/>	Damp or mould causes health problems <input type="checkbox"/>
Property causes negative impact on mental health <input type="checkbox"/>	Social isolation due to location of property <input type="checkbox"/>
Other: <input type="checkbox"/>	Details:

What are your specific requirements?

(please tick all that apply)

Full wheelchair access such as ramps, wider doorways, adapted kitchen and bathroom <input type="checkbox"/>	Ramp <input type="checkbox"/>
Grab rails <input type="checkbox"/>	Lift access or stair lift <input type="checkbox"/>
Wet room <input type="checkbox"/>	Walk-in shower <input type="checkbox"/>
	Downstairs bathroom/toilet <input type="checkbox"/>
Level access <input type="checkbox"/>	Other details: <input type="checkbox"/>

Do you have mobility difficulties??		Yes / No
(if yes please tick <input checked="" type="checkbox"/> which best summarises your needs)		
I use a wheelchair when indoors and outdoors <input type="checkbox"/>	I do not use a wheelchair; I find it difficult to walk but can manage one or two steps <input type="checkbox"/>	
I use a wheelchair but can walk a short distance. I cannot climb steps or stairs <input type="checkbox"/>	I do not use a wheelchair and I am able to manage steps and stairs with assistance. <input type="checkbox"/>	
I do not use a wheelchair but walk with difficulty. I cannot climb steps or stairs <input type="checkbox"/>	I need a downstairs toilet <input type="checkbox"/>	
I have a disability and/or medical condition requiring more suitable accommodation, which does not fall into any of the above categories (this may include blindness or visual impairment for example). <input type="checkbox"/>	Details:	
Do you have a recognised assistance dog?		
(if yes please provide details below)		Yes / No
Details:		

In processing your application for social rented housing, AHA will process and retain your data in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 (DPL). We are committed to ensuring your privacy, and so your data will be held securely and only shared with third parties in accordance with the principles of the DPL. Any processing of your data will be no more than is necessary to assess your application.

AHA may contact your GP (or other professional identified AHA requests such confirmation it will not request any more information than is necessary to process your application.

By completing this questionnaire you consent to the Committee for Employment and Social Security and the Alderney Housing Association processing, sharing and storing the information provided within this document in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and their fair processing notices which can be found at gov.gg/dp and aha.org.gg

Applicant Signature

Print Name

Date

Tenant Signature
(If different to applicant)

Print Name

Date