

In line with our Allocations Policy, we award points for housing to applicants based on their current housing circumstances.

If you think that you or a member of your household's health and/or disability is being made worse by your current housing situation, you can apply for a functional assessment.

**This is not an assessment of the severity of a clinical condition or disability.** It is an assessment of the need for another home that would either help to stabilise a clinical condition or disability, or allow a person to function more independently. It is about the way the condition affects how the person manages at home. It focuses on the person's ability, or inability, to perform essential day to day tasks within their home.

The definition of disability that we use to make our assessment is detailed in the Equality Act 2010. It will be updated in line with any changes in legislation. The Equality Act 2010 defines disability as a physical (including sensory) or mental health impairment which has had a substantial or long term adverse effect upon a person's ability to perform normal day to day activities.

The functional assessment will consider:

- If and why your current home is not suitable or if it would be unsuitable to adapt; or
- If rehousing is essential to maintain longer term health, welfare or independence of the person; and/or
- If health and welfare or independence could be significantly or moderately improved by rehousing; and/or
- If reasonable and practical adaptations can be made to the property, but rehousing would meet longer term needs more fully and efficiently

The assessment will take into account the following aspects of daily living:

- Mobility (how easy it is for you to move around);
- Access (getting in and out of your home and rooms in it, and getting to necessary equipment and facilities in your home);
- Stairs;
- Transfers (for example, getting in and out of bed);
- Personal care (washing, dressing and so on);
- Domestic tasks; and
- Social interactions

## Guidance on filling in the functional assessment form

### What you need to do:

Please try to answer all of the questions. We will use the information you give us to assess your household's housing needs

Please give us as much detail as possible to help us make our assessment. If you have any supporting information that will help with the functional assessment, you can also send this in.

### What happens next?

The Housing Occupational Therapist or Assistant will complete the assessment. If we need more information, we will contact you. This will determine if any points can be awarded under our Allocations Policy

- We will write to you when a decision has been made
- All of the information that you give us will be treated as strictly confidential.

Further information on how your personal information is used and why, can be found on

<https://www.fifehousingregister.org.uk/privacy/>

# Applicant details

## About you

Title (Mr/Miss/Mrs/Ms etc)

First Name (s)

Last Name

Date of Birth

## Your address

Please give your current address below

Postcode

How long have you lived at this address?                      Years      Months

## Your contact details

Only include details we can use to contact you and tick your preferred contact method

Mobile

Phone

Email

Preferred     Mobile     Phone     Email

If you want your mail to go to a different address please add it below

Postcode

## Your preferences

Do you want to be considered for Housing for Older People?     Yes     No

## About your/their diagnosis

Please tell us who this assessment is for and about the diagnosis

Tell us how long you/they have had the diagnosis, how severe it is and if you/they have been told if the condition(s) will get better, get worse or stay the same.

Name

Date of Birth

Diagnosis

Date of the diagnosis

Please tell us if you have been told if the diagnosis will:

Get better     Get worse     Stay the same

Name

Date of Birth

Diagnosis

Date of the diagnosis

Please tell us if you have been told if the diagnosis will:

Get better     Get worse     Stay the same

Name

Date of Birth

Diagnosis

Date of the diagnosis

Please tell us if you have been told if the diagnosis will:

Get better     Get worse     Stay the same

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Please tell us about the treatment/medication that you/they receive

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Please tell us how the condition you/they have been diagnosed with is affected by your/their current home

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Please tell us why you think rehousing will improve your/their ability to carry out essential day to day activities

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If you/they have been diagnosed with a mental health condition or illness, please tell us how this is affected by the current home.

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Are you/they under a Community Treatment Order?  Yes  No

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If you/they have been diagnosed with a mental health condition or illness, please tell us how rehousing will improve your/their current level of difficulty.

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If you/they have a Learning Disability please tell us how this is affected by your/their current home (please include a copy of your Self Directed Support Plan, Risk Assessment and Financial Assessment form, if available)

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**Do you/they have functional impairments due to any of the following:**

(please tick each one that applies and give any additional comments)

Sensory Impairment	Comments
<input type="radio"/> Hearing	
<input type="radio"/> Speech	
<input type="radio"/> Visual problems	
<input type="radio"/> Drug addiction	
<input type="radio"/> Alcohol addiction	
<input type="radio"/> Acquired brain injury	
<input type="radio"/> Stroke	
<input type="radio"/> Other (please explain)	

**Have you/they been admitted to hospital due to the above?**  Yes  No

If yes, please tell us:

Name of hospital:

Date of most recent admission:

If you/they are currently receiving support services, please tell us:

<b>Support services</b>	<b>Contact Name</b>	<b>Address/phone no</b>	<b>How often do you/they currently see them</b>	<b>Date last seen</b>
Housing Support				
Community Psychiatric Nurse/Community Mental Health Team				
District Nurse				
Health Visitor				
Physio/Occupational Therapist				
Social Worker				
Home Care Worker				
Learning Disability Team				
Psychiatrist				
Psychologist				
Welfare Officer				
GP				
Consultant				
Relative/Carer				
Other				

**Do you/they have a care plan?**  Yes  No If yes, please provide a copy

Care Plan Co-ordinator's name

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Care Plan Co-ordinator's address

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Do you/they	Yes	No	If yes tell us about the difficulty	If yes tell us about any equipment used
Have difficulty getting on or off the toilet?	<input type="radio"/>	<input type="radio"/>		
Have a bath which you/they have difficulty getting in or out?	<input type="radio"/>	<input type="radio"/>		
Have an over-bath shower, which you have difficulty getting in and out?	<input type="radio"/>	<input type="radio"/>		
Have a shower cubicle or level access shower, do you/they have difficulty getting in and out?	<input type="radio"/>	<input type="radio"/>		

**Please tell us if you/they need help to get around**

Do you/they need to use:	Yes	No	Comments
A wheelchair indoors	<input type="radio"/>	<input type="radio"/>	
A wheelchair outdoors	<input type="radio"/>	<input type="radio"/>	
A wheelchair all of the time	<input type="radio"/>	<input type="radio"/>	
A wheelchair occasionally	<input type="radio"/>	<input type="radio"/>	
Any other mobility equipment? (Walking stick, walking frame, electric scooter – please specify what is used)	<input type="radio"/>	<input type="radio"/>	

**Does you/their current home have room to store mobility equipment?**  Yes  No

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**Do you/they or a member of the household have access to a vehicle?**  Yes  No

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**Do you/they or a member of the household have a current blue badge?**  Yes  No

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**Do you/they have any difficulties walking up and/or down stairs?**

No difficulty with stairs  Slight difficulty with stairs  Stairs are very difficult  Cannot walk up/down stairs

Comments
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## About your/their current home

### Details of your current home:

- A Fife Council tenant  
 A lodger  
 A housing association tenant  
Which housing association:

\_\_\_\_\_

- In a caravan  
 A tenant with another local authority  
 In hospital  
 A private tenant  
 A member of the armed forces  
 Living in a property I own  
 A tied or service tenancy  
 Staying with parents  
 In prison  
 Staying with relatives or friends  
 No fixed abode  
 Other (please give details)

\_\_\_\_\_

### Is the property you stay in a: (please tick)

- House  
 Bungalow  
 Maisonette  
 Ground floor flat  
 First floor flat  
 Second floor flat or above  
 Other

\_\_\_\_\_

### If you/they live in a house or maisonette, please tell us:

Are there bedrooms on the ground floor?  Yes  No

If Yes, how many \_\_\_\_\_

Are the ground floor bedrooms available for your/their household's use?  Yes  No

If Yes, how many \_\_\_\_\_

### If living in a house or maisonette is there a toilet?

Upstairs  Yes  No

Downstairs  Yes  No

### If living in a house or maisonette is there a bathroom?

Upstairs  Yes  No

Downstairs  Yes  No

How many steps are there outside of the property?

How many steps are there inside?

How many bedrooms are there in your/their current home?

### Does your current home have any of the following facilities? (please tick all that apply)

- A bath only  
 A bath with an over bath shower  
 A level access shower/wet room  
 Handrails  
 A ceiling track/mobile hoist  
 A ramp  
 A stair lift  
 A communal lift  
 Garage  
 Disability parking bay  
 Other (please state)

\_\_\_\_\_

### Do you/they use other specialist clinical equipment?

For example, mobile hoist, oxygen bottles, dialysis equipment etc

Yes  No

### Approximately, how far (in miles) are you/they from your nearest:

Shops \_\_\_\_\_ Bus stop \_\_\_\_\_

### Do you/they need to be near support services?

Hospital  Doctors  Other

If other please give details \_\_\_\_\_

\_\_\_\_\_

**What would make you independent?**

- Over bath shower
- Level access shower
- Accommodation on the ground floor
- Accommodation with a stair lift
- Level access entry to the property
- Wheelchair accessible accommodation
- Fully wheelchair adapted kitchen
- Partially adapted kitchen
- Retirement or Very Sheltered accommodation

**If you have been diagnosed with a mental health condition or illness, does this result in any type of accommodation being unsuitable?**

- Yes
- No

If yes please tell us why?

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**Is there a clinical need for you/they to have an additional bedroom?**

- Yes
- No

If yes, please answer the below questions

Name of the person needing an additional bedroom

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Are they currently sharing a bedroom?  Yes  No

Who are they sharing with?

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Please tell us why an additional bedroom is needed?

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**If you need to move to give or receive support please request a support assessment form from a Customer Services Centre or Partner offices.**



## Declaration and authority to seek information

I/we confirm that the details I/we have given are to the best of my knowledge true

I/we confirm my/our agreement for you to access health details from my/our doctor or other health care professional in connection with my/our application

I/we will notify you of any change in the details given on the application form

I/we agree that you can make any necessary enquiries in line with Data Protection Act 2018. This may include sharing information with other council departments and partners

I/we authorise you to make any referrals necessary in connection with my/our application. (This might include referrals to other services such as Occupational Therapy).

I/we agree to any visits that may be needed to further assess my/our situation

**I agree to the statements above to enable you to process my housing functional needs assessment**

### Applicant

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

**Signed on behalf of the applicant\*** \_\_\_\_\_

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

### Please note\*

If you have Power of Attorney or Guardianship documentation must be provided if not already submitted with the Fife Housing Register form.

## To be completed by Housing Occupational Therapist/Assistant

No special requirement

Level: No special requirement

Any

Ground

Ground/1 Flight

Level Access Shower

Bathroom with potential to adapt

Additional bedroom

Housing type:

Retirement Housing

Very Sheltered Housing

Extra Care Housing

Minimal Access

Lift Access

Wheelchair Access

Bed/Bath/Living on same level

Other

Contact OT prior to allocation  Yes  No

IDA Points award	0	20	40	60
Sheltered Points award	0	15	30	50
Independent Living points award	0	60		
Specific Needs points award	0	20	60	

### Assessment outcome Justification

### Housing OT/OTA

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

## Housing Information and Advice



Online  
[www.fifehousingregister.org.uk](http://www.fifehousingregister.org.uk)



Phone  
**03451 55 00 33**



Homeless emergencies  
**0800 028 6231**



### Alternative Formats

Information about Fife Council can be made available in large print, braille, audio CD/tape and Gaelic on request by calling **03451 55 55 00**



**British Sign Language**  
please text (SMS) 07781 480 185



**BT Text Direct:**  
18001 01592 55 11 91

### Language lines

خط هاتف اللغة العربية:  
03451 55 55 77

বাংলায় আলাপ করার জন্য টেলিফোন লাইন:  
03451 55 55 99

中文語言熱線電話:  
03451 55 55 88

Polskoj.ezyczna linia telefoniczna:  
03451 55 55 44

اُردو زبان کے لیے ٹیلیفون نمبر  
03451 55 55 66

## Fife Council customer service centres

- **Cowdenbeath**  
Brunton House, High Street,  
Cowdenbeath KY4 9QU
- **Cupar**  
County Buildings, St Catherine Street,  
Cupar KY15 4TA
- **Dunfermline**  
City Chambers, Kirkgate, Dunfermline KY12 7ND
- **Glenrothes**  
Fife House, North Street, Glenrothes KY7 5LT
- **Inverkeithing**  
Civic Centre, 10 Queen Street,  
Inverkeithing KY11 1PA
- **Kirkcaldy**  
Town House, 2 Wemyssfield, Kirkcaldy KY1 1XW
- **Leven**  
Leven Library, 16 Durie Street, Leven KY8 4HE
- **Methil**  
Wellesley Road, Methil KY8 3PA

## Fife Council customer service points

- **Anstruther**  
Waid Community Campus, St Andrews Road,  
Anstruther, KY10 3GY
- **Benarty**  
Benarty Community centre, Flockhouse Avenue,  
Ballingry KY5 8JH
- **Burntisland**  
102 High Street Burntisland, KY3 9AS
- **Cardenden**  
112-116 Station Road, Cardenden KY5 0BN
- **Dunfermline**  
Abbey View, Dunfermline KY11 4HA
- **High Valleyfield** (by appointment only)  
Community Centre, Abbey Street,  
High Valleyfield KY12 8UA
- **Kelty**  
90 -92 Main Street, Kelty, KY4 0AO
- **Kincardine** (by appointment only)  
Kincardine Library, 2 Keith Street,  
Kincardine FK10 4ND
- **Kirkcaldy**
  - Windmill Community Campus, Windmill Road,  
Kirkcaldy KY1 3AL
  - 3 Beauly Place, Kirkcaldy KY2 6EX
- **Lochgelly**  
Lochgelly Centre, Bank Street, Lochgelly KY5 9RD
- **Oakley** (by appointment only)  
Oakley Centre, Station Road, Oakley KY12 9QF
- **St Andrews**  
St Marys Place, St Andrews KY16 9UY