

Mobility Self Assessment Form

We need to know more about the mobility requirements of your household so that we can advise you on the best type of property to suit your needs.

If more than one member of your household has mobility needs, please complete this form to include the range of requirements for your household, or for the person with the greatest need.

Please return your completed forms to **Homemove, 4th Floor, Bartholomew House, Bartholomew Square, Brighton, BN1 1JP**

Unless your circumstances have changed, this form will not affect your Homemove priority banding, it will simply help Homemove to provide you with a more informed choice when bidding.

If you need help completing this form, please ring 01273 294400.

There is no need to take this form to your doctor.

Applicant's name

Current address

Homemove reference number

Telephone number

If no-one on your application, including yourself, has difficulties with mobility, please tick this box and go straight to question 9.

No mobility requirements

Otherwise, please turn over and go to question 1.

1 Please give details of the person with mobility requirements

Name

Date of birth ____/____/____

2 Your height _____ Your weight _____

3 Is your disability? Temporary Permanent

4 How many steps could you safely manage?

None 1-3 4+ Internal flight of stairs

5 Are you able to get in and out of a bath safely on your own?

Yes No

6 Do you use any of the following walking or mobility aids:

Walking frame Crutches Scooter

Walking sticks Other _____

7 If you do need to use a wheelchair, please tell us how often:

Full-time

Some of the time, indoors and outdoors

Outdoors only

8 Do you require hoisting for all transfers? Yes No

Any further details

About your current property

9 Is access to and around your property difficult? Yes No
If yes, please tell us how in the box below.

10 How many steps are there to your building's entrance? _____

11 If you live in a flat **without** lift access, how many steps are there from the entrance to your dwelling? _____

12 Are there any steps/stairs within your dwelling? Yes No
If yes, how many? _____

13 Does your current property have any of the following adaptations?

- | | | | |
|-------------------------------------|--------------------------|-------------------|--------------------------|
| Through-floor lift | <input type="checkbox"/> | Stairlift | <input type="checkbox"/> |
| Outside platform lift | <input type="checkbox"/> | Walk-in shower | <input type="checkbox"/> |
| Bath lift | <input type="checkbox"/> | Over-bath shower | <input type="checkbox"/> |
| Ceiling track hoists | <input type="checkbox"/> | Sensory equipment | <input type="checkbox"/> |
| Widened doors | <input type="checkbox"/> | Auto door openers | <input type="checkbox"/> |
| Wheelchair accessible kitchen units | <input type="checkbox"/> | | |

14 If you are renting, what is your current housing situation?

Council Housing association Privately rented

Landlord name _____

15 Have you had, or are you waiting for, an assessment by an Occupational Therapist? Yes No

If yes, please tell us the name of the Occupational Therapist

16 Declaration

I confirm that the information provided in this form is, to the best of my knowledge, correct:

Signature of person with mobility requirements

Date ____/____/____

If someone has completed this form on behalf of the person with mobility requirements, please tell us who below.

Name

Contact number

The information held on this form will be used to assess any mobility requirements for re-housing. The information that you provide will be treated in the strictest confidence.

If you do not wish to complete this form for any reason, but still wish to make any health or mobility requirements known, please phone the Homemove team on 01273 294400.

Office use only:

Initial: _____ 1 2 3 N/A

