

## **Instructions on how to complete the Special Needs and Medical Assessment Form (TMAS3)**

This is a new form for anyone requesting rehousing who wishes consideration for Medical Priority or who feels they have Special Needs. All parts must be completed. Please insert “N/A” if a part does not apply.

**NB Although you can apply for housing to more than one area, YOU CANNOT HOLD MEDICAL PRIORITY for more than one area.**

Please read the Medical Priority Patient & Professional Information booklet.

### **SECTION A: About you and your household**

This section is about you and your household and where you live.

### **SECTION B: About your current housing situation**

This section is about your current home.

Question 6 asks about adaptations to your home. In this question:

- **“in place”** means you have the adaptation;
- **“applied for”** means that you have applied for this adaptation to be made;
- **“accepted”** means that it has been agreed that this adaptation will be made;
- **“refused”** means that your application for the adaptation has been refused.

### **SECTION C: About the area where you live**

This section asks you about the area where you live such as how far away you are from local shops etc. It also asks you whether anything in the area affects anybody in your household.

### **SECTION D: About the help you receive**

This section is about your supports and what services you receive.

### **SECTION E: About the help you need**

This section is about what help you need.

### **SECTION F: Statement in support of application**

This can be completed by anyone who is aware of your current needs. However, do NOT give this form to a GP or a consultant.

### **SECTIONS G and H: Consents**

You should read these sections very carefully.

1. Only sign section G if you agree that you wish to be considered by the appropriate Special Needs Panel;
2. Only sign Section H if you agree that the Council’s Medical Adviser may contact your doctor and that your doctor can release details about your medical condition/special needs to the Medical Adviser.

Both sections must be signed by the person for whom the assessment is sought or by someone who is legally entitled to act on their behalf.

**NB If you are signing for someone for who you are legally entitled to act on their behalf, you should provide some documentary evidence of this (eg the power of attorney) unless the person for whom the assessment is sought is below sixteen years of age.**

### **SECTION I: About ill health, physical and medical problems**

This section asks you about ill health and medical problems. “Diagnosis” means the name of the current illness or illnesses and “medication” means the medicine that the doctor gives to you because of the illness or illnesses you wrote about in question 1.

When you have completed the form, please check that you have signed both consent sections and that you have answered all questions as fully as possible.