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| If you have any queries about this form, or have any problems filling it in, please **contact us on 01592 803280** or by email **enquiries@dphsfife.org.uk**.Please return your completed form to:**Disabled Persons Housing Service (Fife)****Caledonia House****Pentland Park****Saltire Centre****Glenrothes** **KY6 2AQ** |
| **About you and your household** |
| Mr / Mrs / Miss / Ms |  |
| First Name |  | Surname |  |
|  | Male |  | Female | Date of Birth | \_\_\_/\_\_\_/\_\_\_\_\_ |
|  | N.I number |  |
| Address |  | Contact Information |
|  |  | Home |  |
|  |  | Mobile |  |
|  |  | Email |  |
| Postcode |  |  |
| What is the best way to contact you? (circle) | Phone | Letter | Email |
| If by phone, when is the best time? |  | AM | PM |

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| **Household Members –** Only those moving with you |
| Name | Date of Birth | Relationship | Male/Female |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |
|  | \_\_\_/\_\_\_/\_\_\_\_\_ |  |  |

Pregnancy are you or any household member currently pregnant. Yes/No

Maternity are you or any household member on Maternity. Yes/No

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| **Do you require an interpreter?** |
|  | No |  | Yes, what type: |  |
| **Do you have any pets?** |
|  | No |  | Yes, what pets: |  |
| **Your current housing situation** |
| **Are you homeless, or threatened with homelessness?** |
|  | No |  | Yes |  |
|  |  |  |
| **What type of property do you live in?** |  |
|  | House |  | Flat |  | Maisonette |
|  | Bungalow |  | Other |  |
|  |  |  |
| **What floor do you live on? (If applicable)** |  |
|  | Ground |  | First |  | Higher (please state) |  |
|  |  |  |
| **How many bedrooms does your home have?** |  |
|  |  |  |
| **Who owns your property?** |  |  |
|  | Fife Council |  | Housing Association |  | Owner Occupied |
|  | Privately Rented |  | Live with parent(s) |  | Live with friend(s) |
|  | Other (please state) |  |  |
| **What disabilities do you or the household members moving with you have?** |
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| **What makes your current property unsuitable for you?** |
|  |
|  |
|  |
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| **Do you, or anyone moving with you use a wheelchair, do they:** |
| Use a wheelchair: |  | Indoors |  | Outdoors |
|  |
| **Does anyone have difficulties with:** |
|  | External stairs |  | Internal stairs |  | Narrow doorways |
|  | Heating controls |  | Bathroom |  | Kitchen |
|  | Storage space |  | Socket height |  | Switch height |

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| **Your current housing situation cont.** |
| **Have you had any equipment supplied or adaptations made to your home?** |
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| If no, have you ever requested a Social Work Assessment? If so, when was this and what was the outcome? |
|  |
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|  |
| **Do you wish to remain in your own home?** |  |
|  | No |  | Yes |  |
| **Would you prefer to remain in your own home if it could be adapted?** |
|  | No |  | Yes |  |
| **Do you have an emergency call system?** |
|  | No |  | Yes |
|  | If not, would you like information about getting one? |
|  |  | No |  | Yes |
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| **Accommodation required** |
| **Have you applied to the Fife Housing Register (FHR)?****If so, what is your application number and current points?** |
| FHR Number: |  | FHR Points |  |
| **Have you applied for housing, or transfer, with any other housing providers? If so, which?** |
|  |
|  |
| **What areas would you like to live in?** |
|  | Please tick if you would consider any area within Fife |
| If not, please note the top 3 areas within Fife you would be willing to consider. |
| 1. |  |
| 2. |  |
| 3. |  |

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| **Accommodation required** |
| **Which type of housing would you prefer?** |
|  | Council Housing |  | Housing Association |  | Private Let |
|  | Mid-Market Rent |  | Home Ownership |  | Shared Ownership |
|  | Shared Equity |  | Amenity Housing |  | Retirement/Sheltered Housing |
|  |  |  |
| **What property type do you require?** *(mark E anything that is essential)* |
|  | Level external access |  | Full wheelchair use internally |  | Barrier free internally |
|  | 2 Storey (if accessible) |  | Ground Floor |  | Any suitable already adapted property |
| **How many bedrooms do you require?**  |  |  |
| Please use this space to briefly tell us why you need more / less bedrooms. *e.g. Under-occupying; additional family member; need a room for reasons of disability* |
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| **Your household support needs** |
| Please detail any support you current receive and from whom. |
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| **If you currently receive care/support – would you be interested in knowing about self-directed support?** |
|  | No |  | Yes |  |

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| **Events and Newsletters** |
| We regularly hold events and distribute our newsletter that may be of interest. |
| If you wish to be contacted about these, please indicate below if you would like to be added to our (e)mailing list. |
|  |
|  |  | Yes, add me to the mailing list | Initials: |  |
|  |
| We will contact you annually to see if you would still wish to remain on our mailing list. |

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| **Other Information** |
| **How did you hear about our service?** |
|  | Family/Friend |  | Saw premises |  | DPHS Leaflet |  | Internet/Website |
|  | Hospital |  | Fife Council |  | Support Agency |  | Other, please state; |
|  |
| **Please use the space below to add any other information you feel is relevant to your housing needs.** |
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| **Customer Declaration** |
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| **Please carefully read below and sign the form as we cannot process the form without your authorising signature/s.** |
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| The information you provide on this form will be processed with Disabled Persons Housing Service (Fife) in accordance with the General Data Protection Regulation (GDPR).  |
|  |
| Disabled Persons Housing Service (Fife) will use this information for the purposes of providing you with independent housing information and advice, compiling anonymous statistical data.We may contact other agencies, such as housing providers and support agencies to obtain and share further information where required.By signing you agree to your information being used in this way and that all information supplied on our form is true. |
|  |
| If you are a \*joint applicant, both signatures are required*\*partner/spouse* |
|  |
| Applicant Signature: |  | Date: |  |
| Joint Applicant Signature: |  | Date: |  |

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| **External Auditing** |
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| I/We agree to the disclosure of my/our case file held by Disabled Persons Housing Service (Fife) “DPHS” to external auditors for the purpose of quality assurance and continuous improvement of the advice service provided by Disabled Persons Housing Service (Fife) “DPHS”. |
|  |
| If you are a \*joint applicant, both signatures are required*\*partner/spouse* |
|  |
| Applicant Signature: |  | Date: |  |
| Joint Applicant Signature: |  | Date: |  |

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| **Fife Housing Register Permission Form** |
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| By signing this form, I/we give permission to register and assess my Fife Housing Register (FHR) application form based on the information provided on the completed Disabled Persons Housing Service (Fife) registration form and any additional information gathered during a telephone conversation with Disabled Persons Housing Service (Fife). |
|  |
| If you are a \*joint applicant, both signatures are required*\*partner/spouse* |
|  |
| Applicant Signature: |  | Date: |  |
| Print Name: |  |  |
|  |
| Joint Applicant Signature: |  | Date: |  |
| Print Name: |  |  |

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| Equal Opportunities Monitoring Form |
| Disabled Persons Housing Service (Fife) is committed to promoting equal opportunities and diversity in communities. We assist people in need regardless of sex, marital status, race, disability, age, sexual orientation, language, nationality, religious or political beliefs. To ensure we do not discriminate directly or indirectly we need to keep accurate records of all applicants. Please help us by completing this form. This information is for monitoring purposes only and will not affect your application. **You do not have to provide this information if you do not want to.** |
|  |
| Ethnic Origin |
| (please tick one box only for each person) |
|  |  | Self |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
| (i) | White |  |  |  |  |  |  |  |  |  |  |  |
|  | (a) Scottish |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) Other British |  |  |  |  |  |  |  |  |  |  |  |
|  | (c) Irish |  |  |  |  |  |  |  |  |  |  |  |
|  | (d) Gypsy/traveller |  |  |  |  |  |  |  |  |  |  |  |
|  | (e) Polish |  |  |  |  |  |  |  |  |  |  |  |
|  | (f) any other white background |  |  |  |  |  |  |  |  |  |  |  |
| (ii) | Mixed or multiple ethnic background |  |  |  |  |  |  |  |  |  |  |  |
| (iii) | Asian, Asian Scottish, Asian British |  |  |  |  |  |  |  |  |  |  |  |
|  | (a) Indian |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) Pakistani |  |  |  |  |  |  |  |  |  |  |  |
|  | (c) Bangladeshi |  |  |  |  |  |  |  |  |  |  |  |
|  | (d) Chinese |  |  |  |  |  |  |  |  |  |  |  |
|  | (e) Any other Asian background |  |  |  |  |  |  |  |  |  |  |  |
| (iv) | Black, Black Scottish, Black British |  |  |  |  |  |  |  |  |  |  |  |
|  | (a) Caribbean |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) African |  |  |  |  |  |  |  |  |  |  |  |
|  | (c) Any other black background |  |  |  |  |  |  |  |  |  |  |  |
| (v) | Other ethnic background |  |  |  |  |  |  |  |  |  |  |  |
|  | (a) Arab, Arab Scottish, Arab British |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) any other group |  |  |  |  |  |  |  |  |  |  |  |

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| Nationality |
| (please tick one box only for each person) |
|  | Self |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
| UK National, resident in UK |  |  |  |  |  |  |  |  |  |  |  |
| European Economic Area (EEA) country |  |  |  |  |  |  |  |  |  |  |  |
| UK National returning from residence overseas |  |  |  |  |  |  |  |  |  |  |  |
| Any other country(please state) |  |
| Self |  | 1 |  |
| 2 |  | 3 |  |
| 4 |  | 5 |  |
|  |
| Religion – What is your religion? |
| (please tick one box only for each person) |
|  | Self |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |
| Christian |  |  |  |  |  |  |  |  |  |  |  |
| Buddhist |  |  |  |  |  |  |  |  |  |  |  |
| Hindu |  |  |  |  |  |  |  |  |  |  |  |
| Jewish |  |  |  |  |  |  |  |  |  |  |  |
| Muslim |  |  |  |  |  |  |  |  |  |  |  |
| Sikh |  |  |  |  |  |  |  |  |  |  |  |
| Don’t have a religion |  |  |  |  |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |  |  |  |  |
| Other (please state below) |  |  |  |  |  |  |  |  |  |  |  |
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| Sexual orientation- How would you describe the sexual orientation of each person? |
| *Bisexual, Gay Man, Lesbian, Heterosexual (straight), Transgender, prefer not to say* |
| Self |  | 1 |  |
| 2 |  | 3 |  |
| 4 |  | 5 |  |

Gender reassignment - prefer not to say

|  |  |  |  |
| --- | --- | --- | --- |
| Self |  | 1 |  |
| 2 |  | 3 |  |
| 4 |  | 5 |  |