



Complete this form to advise the Department of Housing and Public Works that you or a household member has a disability or medical condition which affects your housing needs. A Medical/Disability Information Form should be completed for **each** person with a disability or medical condition which affects their housing needs.

This form can be completed by the applicant, or a person acting on behalf of the applicant (eg family member, friend, informal or formal guardian or administrator, advocate, support worker), or by a Housing Services officer.

Applicant's details: (details of the person with a disability/medical needs which affects their housing needs)

Name:

Address:

Postcode

Date of Birth:

What is your relationship to the above person?

(eg spouse, daughter, service provider, carer, advocate etc)

Details of the disability or the medical condition:

Please note: you will need to supply supporting evidence from a recognised medical practitioner or Occupational Therapist detailing the nature of the disability or medical condition and how this affects your housing needs. Please contact your nearest Housing Services office to obtain a copy of the Confidential Medical Report Form (PH068) for your medical practitioner to complete. Your application for housing assistance cannot be assessed until this evidence is provided.

What equipment/aids do you use to achieve mobility? (eg walking frame, wheelchair, etc)

Inside your home

Outside your home

Can you manage steps?

Yes ☐

No ☐

If yes, how many steps?

Can you step over the side of a bath safely?

Yes ☐

No ☐

Do you have difficulty getting on and off a standard toilet?

Yes ☐

No ☐

Do you have difficulty in accessing kitchen fittings (eg sink, bench, stove)?

Yes ☐

No ☐

Why is your current housing not suitable for your needs?

Please list any modifications required (if insufficient space, please provide further details on a separate page)

Do you require ongoing assistance/care for daily living activities?

Yes ☐ No ☐

If Yes, which specific community supports do you require/use? E.g. essential medical or support services (including a carer) or educational facilities. Please state the areas/suburbs where these services are located.

Areas/Suburbs	Specific community support

Contact details for support agencies:

If there are any agencies/ organisations/ people who could support your application and who you agree can be contacted for further information, please list their contact details below. Information will only be requested or used to assess your housing need. If you have any concerns or would like to specify what information can be requested, please complete an "Authority to request or disclose personal information to external parties" form (available on-line or from your nearest Housing Service Centre). .

Contact person	Name of organisation/ relationship to applicant	Contact Phone No.

Privacy Notice

The Department of Housing and Public Works is collecting personal information on this form to provide you with housing assistance. To assist you with your housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with housing or support services. They may, to assist you with your housing needs and services, pass on the information to other partner agencies, service providers, local governments and non-governmental organisations that may be able to provide you with housing or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not otherwise be disclosed to any other third party without your consent. More information about the Department's privacy policy is available on our website at www.hpw.qld.gov.au.

Declaration

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I/We understand that it is an offence liable to a penalty under the *Housing Act 2003* to knowingly provide false or misleading information to the Department of Housing and Public Works that may influence decisions about my eligibility for housing services.

Name

Signature

Date

 / /

Please return completed form to your nearest Housing Service Centre.