

Medical/Disability Information Form

Complete this form to advise the Department 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 Department of Housing 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 local Department of Housing office to obtain a copy of the Confidential Medical Report Form (PRH068) 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.

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

Personal Information Privacy Notice

The Department of Housing is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the *Housing Act 2003*. To assist you with your housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: Partner agencies, Service providers, Agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will, provide you with housing and/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 be passed on to any other third party without your consent. More information about the department’s privacy policy is available on our website at: www.housing.qld.gov.au/footer/privacy.htm.

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 that may influence decisions about my eligibility for housing services

Name Signature Date / /