

# 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.

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.

Please log into your account and upload this to your documents.

**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.

You will also need to submit evidence to substantiate the claims on this form.

### Office use only:

Initial: \_\_\_\_\_ 1  2  3  N/A



Brighton & Hove  
City Council