



# Application for Central Hawke's Bay Independent Living

## Council Housing

### For your Doctor to complete

This applicant has applied for a tenancy in a Central Hawke's Bay District Council Housing flat. These are in groups of small one or two bedroom, self-contained flats which require the applicant to have the ability to live independently and in close proximity with a community of other people. This information requested will assist the Council to determine whether the applicant is capable of independent living, such that there would not be any significant risk of harm to the applicant and that they will be able to live harmoniously and in a non-disruptive manner with others living in the Council housing complex.

**Patient's Full Name:**

**Patient's Date of birth:**

**Has the patient suffered from / is suffering from:**

Stroke / Heart disease or conditions

Respiratory disease

Arthritis or osteoporosis

Psychiatric or nervous disorder

Alcoholism or drug dependency

Mobility issues

Other - please provide details:

**Please comment on the following:**

**1. Physical and mental health of the applicant and their eligibility to cope on their own:**


**2. Please confirm that the applicant would be able to live harmoniously and in a non-disruptive manner with others living in the Council housing complex and not cause disturbances or friction with others:**


**3. Degree of mobility and type of disability (if any):**


**4. Knowledge of any issues that could affect the applicant's ability to live alone:**


**Is any of the following support in place or needed?** Please provide detail.

	<b>Current</b>	<b>Needed</b>
District Nurse		
Psychiatric support		
Home caregivers		
Home help		
Meals on wheels		
Family / Whānau support		

**Doctor's Signature:**

**Doctor's Name:**

**Date:**

**Please note that without sufficient details, the application may not be accepted.**

This form is to be returned to the Applicant who will submit it to Council as part of their Housing application.