



Comhairle Cathrach Chorcaí

Cork City Council

REQUEST FOR TRANSFER DISABILITY AND/OR MEDICAL GROUNDS

Name(s) of Tenant(s): _____
Date(s) of Birth: _____
Present Address: _____

Telephone Number(s): _____
E-mail Address(es): _____

Please include details of all other members of your household below for verification with your Executive Housing Officer, to confirm all persons named are assessed for rent purposes and residing in the property with the consent of the City Council:

Name	Relationship to Tenant	Date of Birth	PPSN	Weekly Income

Tenancy Start Date	Number of Bedrooms	Weekly Rent	Rent Arrears

Your current property type (please tick):

House Bungalow Apartment Studio/bedsit Other

Please provide details of any adaptations to your current property (tick all that apply):

Wetroom Level access shower Ramp – front door Ramp - back door

Stairlift Downstairs bedroom Downstairs toilet Handrails

Other

Areas of Choice for transfer : 1 _____
 2 _____
 3 _____

Please arranged to have the attached HMD-Form 1 completed by 2 Healthcare Professionals who work with the tenant or household member with a disability or medical condition.

An Occupational Therapist report must be provided where there is a need for a specific accommodation requirement.

Additional pages may be submitted with the completed form if extra space is required.

Declaration

Please tick

I/we confirm that I/we have resided in this dwelling for a minimum period of two years prior to the submission of this transfer request.

I/we confirm that my/our current property is in good condition and fit to re-let, and I/we authorise Cork City Council to arrange an inspection to confirm same.

I/we understand that if this inspection is unsatisfactory, consideration for a formal offer of alternative accommodation will not proceed.

I/we understand that any rent due must be paid prior to a formal offer of alternative accommodation being considered.

I/we confirm that I/we understand that this is a voluntary transfer and I/we may seek independent advice in advance of surrendering the tenancy of my/our current property.

I/we confirm that I/we have complied with all the conditions of my/our Tenancy Agreement

I/we confirm that I/we, or any member of my/our household, has no record of anti-social behaviour.

I/we declare that the information and particulars given by me/us are true and correct, and I/we understand that the provision of any false or misleading statements may lead to an offer of accommodation being withdrawn.

Consent for Processing of Personal Data

Cork City Council, in carrying out its functions under the Housing Acts of 1966-2014, may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an approved housing body in relation to current or prospective occupants of, or applicants for, local authority housing provided by Cork City Council.

Cork City Council reserves the right to exclude an applicant from consideration for a transfer if they supply false information or withhold relevant information on this form or at subsequent interviews.

In order for Cork City Council to process the personal data you have provided, Cork City Council requires you to provide your consent. Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full. Cork City Council’s Data Protection Policy outlines the Council’s firm commitment to privacy, and to assure you that in all your dealings with Cork City Council that we will ensure the confidentiality and security of the data you provide to us.

By signing below, you consent to having your information processed for the purpose of assessing a transfer request on disability and/or medical grounds.

I/we agree that Cork City Council can make whatever enquiries it considers necessary to verify that the details of this application are correct.

Signed _____ **Date** _____

Signed _____ **Date** _____

Disability and/or Medical Information Form



About this form

This form is for anyone who is applying for social housing or a social housing transfer **due to a disability or medical grounds**. The information provided will be used to assess if priority status should be awarded to an application.



What is priority status and who we give it to

When we give a person priority status on disability or medical grounds, this means they go **nearer to the top of the waiting list**, as set out in the Local Authority's Allocation Scheme.

Priority status may be awarded if the following three criteria apply to your household:

- you or someone in your household has a disability or a medical condition and
 - the current accommodation is not suitable to meet the needs of the person with a disability or medical condition and
 - a change in housing will improve or stabilise the circumstances of the person with a disability or medical condition.
-



Who needs to fill out and sign each section of this form

Section 1 and 2 to be filled out and signed by the person with a disability or medical condition or by the applicant for social housing support if the person with a disability or medical condition is a dependant of the applicant.

Section 3 and 4 to be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.



Other information

A Healthcare Professional includes the following professions: Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Occupational Therapist and Social Worker. If you are considering using a Healthcare Professional not listed above, please contact your Local Authority to confirm if this is acceptable.

An Occupational Therapist report **must be provided** where there is a need for a specific accommodation requirement.

If you require extra space to complete the form please include additional pages.



Section 1: Disability and/or Medical Information

This section must be filled out by the applicant.

Please tick (✓) the box to show the category you are applying under.

Disability grounds

Medical grounds

Please state your disability and/or medical condition

If you are a person with a disability, please tick (✓) which category of disability applies to you.

Physical

Mental Health

Intellectual

Sensory



Section 2: Personal Details

This section must be filled out as outlined on page 1. Please make sure the details you fill out here are the same as on your Social Housing Application Form.

Please fill in the details of the main housing applicant below.

First name

Surname

PPS number

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Date of Birth

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Declaration

I permit the Healthcare Professionals in Section 3 to give relevant medical details to the Local Authority to identify my housing needs.

Signature

Date

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If the person with a disability or medical condition is not the main housing applicant, please fill in their details below.

First name

Surname

PPS number

--	--	--	--	--	--	--	--	--	--

Date of Birth

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Section 3A: Medical Reference

This section must be filled out by two Healthcare Professionals (see page 1) who work with the person with a disability or medical condition.

Details of Healthcare Professionals completing this form

Healthcare Professional 1

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation
only

Weeks
(number)

Months
(number)

Years
(number)

Healthcare Professional 2

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation
only

Weeks
(number)

Months
(number)

Years
(number)



Section 3B: Applicant's Current Accommodation

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Is the person with a disability or medical conditions current accommodation directly or negatively affecting their disability or medical condition? If the answer is yes, please explain below.

Healthcare Professional 1

Healthcare Professional 2



Section 3C: Accommodation Need of Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

How would a change in location of accommodation benefit the person with a disability or medical condition?

Healthcare Professional 1

Healthcare Professional 2

What change in the type of accommodation would benefit the person with a disability or medical condition? and how?

Healthcare Professional 1

Healthcare Professional 2

What change in the design of accommodation would benefit the person with a disability or medical condition? and how?

Healthcare Professional 1

Healthcare Professional 2



Section 3D: Support Needs for the Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Are supports currently needed to enable the person with a disability or medical condition to live independently? Please provide details.

Healthcare Professional 1

Yes

No

Healthcare Professional 2

Yes

No

Will the person with a disability or medical condition need any additional or new supports? Please provide details.

Healthcare Professional 1

Yes

No

Healthcare Professional 2

Yes

No



Section 4: Healthcare Professional Declaration

Healthcare Professional 1

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Healthcare Professional 2

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you require extra space to complete the form please include additional pages.