



Comhairle Chontae na Gaillimhe
Galway County Council

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.

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

Section 1 may be completed by the applicant or a healthcare professional.

Sections 2 & 3 must be completed by a healthcare professional who works with the person with 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.

Section 1 – Contact details of the housing applicant	
First Name	
Surname	
PPS Number	
Date of Birth	
Section 2 – Contact details of the healthcare professional	
First Name	
Surname	
Name of Organisation	
Telephone	
Email	
Section 3 – Disability and/or Medical Information	
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	Weeks Months Years
Length of time (based on answer above)	

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.	
How would a change in location of accommodation benefit the person with a disability or medical condition?	
What change in the type of accommodation would benefit the person with a disability or medical condition? and how?	
What change in the design of accommodation would benefit the person with a disability or medical condition? and how?	
Are supports currently needed to enable the person with a disability or medical condition to live independently?	Yes No
Please provide details.	
Is the person with the disability or medical condition wheelchair dependent?	Yes No
Will the person with a disability or medical condition need any additional or new supports?	Yes No
Please provide details.	
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.	
Date	
Signature of health care professional completing this form	