

Appendix D – Parent/ Guardian Housing screening form

This document is designed to be used by parents and can be used for any child with complex medical needs including LTV.

This is a working document. Please make sure you are using the latest version by checking the version number and date updated below. The latest version of the document is available here <https://www.wellchild.org.uk/10-principles-for-complex-discharge/>

Version	2
Updated	June 2021

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Parent/guardian housing screening form




To help us understand your current housing situation, it would be beneficial to gain some information about your current property.

Please tick the relevant boxes and make comments on the form where needed. Please take photographs of your home, specifically where your child may sleep, and of the bathroom and any stairs within the home.

Please return this form to your nurse on the ward once completed.

This camera symbol has been added to indicate where a photograph may be useful. 

Name of child/YP:					
Date of birth:		Address:			
Date of form completion:					
Person completing form:					
Property information					
Property type:	<input type="checkbox"/> house	_____ floor flat		<input type="checkbox"/> other (specify):	
	<input type="checkbox"/> bungalow	<input type="checkbox"/> lift access x 1	<input type="checkbox"/> lift access x 2		
Tenure: <small>*E.g. Housing Association</small>	<input type="checkbox"/> owner occupied	<input type="checkbox"/> private rented	<input type="checkbox"/> local authority	<input type="checkbox"/> other (specify)*:	
Housing Officer contact details: (name, email & contact number)					
Who else lives at this address? (name, relationship)					
Are there any pets at this address?	<input type="checkbox"/> dogs	<input type="checkbox"/> cats	<input type="checkbox"/> other (specify):		
Property access					
Parking – on street:	_____m to property	<input type="checkbox"/> permit	<input type="checkbox"/> allocated	<input type="checkbox"/> good availability of spaces	
Parking – off street:	_____m to property	<input type="checkbox"/> permit	<input type="checkbox"/> allocated	<input type="checkbox"/> good availability of spaces	
Access to front door:	<input type="checkbox"/> level	<input type="checkbox"/> steps number _____)	height of steps _____cm	Min. width _____cm	
Doors and gates	Will a buggy/ wheelchair fit through the doors?			Width _____cm	
Stairs:	Are there stairs in the property?	<input type="checkbox"/> yes	Number of steps _____	<input type="checkbox"/> no	

	Rails:	<input type="checkbox"/> one side	<input type="checkbox"/> both sides	<input type="checkbox"/> n/a	
Heating:	<input type="checkbox"/> central heating	<input type="checkbox"/> storage heaters	<input type="checkbox"/> gas fires	<input type="checkbox"/> electric heaters	<input type="checkbox"/> log fire
Physical environment – general layout of the property					
Comment on:					
<ul style="list-style-type: none"> • How many levels • Which rooms are on each level • Number and location of the bedrooms and bathrooms 					
Physical environment – Room where child/YP will sleep					
Access (from entrance):	<input type="checkbox"/> level	<input type="checkbox"/> steps (number ____)	height of steps ____cm	Min. width ____cm	
Flooring:	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> rugs/mats		
	<input type="checkbox"/> laminate/lino/tiles	<input type="checkbox"/> bare/concrete			
Lighting:	<input type="checkbox"/> ceiling	<input type="checkbox"/> lamp (for night care)			
Is there space for:	<input type="checkbox"/> trolley	<input type="checkbox"/> hoist	<input type="checkbox"/> cot/height adjustable bed		
	<input type="checkbox"/> wall plug sockets (number ____)		<input type="checkbox"/> space for all equipment & carers		
	<input type="checkbox"/> seating (for night carer)		<input type="checkbox"/> space to access bed/cot from both sides		
Occupancy	How many children will sleep in the room?				
Physical environment – Toilet/ bathroom					
Access (from entrance):	<input type="checkbox"/> level	<input type="checkbox"/> steps (number ____)	height of steps ____cm	Min. width ____cm	
Toilet facilities:	Number of toilets: _____		Location: _____		
Flooring:	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> rugs/mats		
	<input type="checkbox"/> laminate/lino/tiles	<input type="checkbox"/> bare/concrete			
Equipment*/ Facilities:	<input type="checkbox"/> bath	<input type="checkbox"/> shower cubicle	<input type="checkbox"/> over-bath shower		
	<input type="checkbox"/> mobile bath	<input type="checkbox"/> bath seat or supportive shower chair	<input type="checkbox"/> wet room shower		
Physical environment – kitchen					
Facilities:	Is the kitchen open plan?	<input type="checkbox"/> yes		<input type="checkbox"/> no	
	Cooker	<input type="checkbox"/> gas		<input type="checkbox"/> electric	
Flooring:	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> rugs/mats		
	<input type="checkbox"/> laminate/lino/tiles	<input type="checkbox"/> bare/concrete			
Physical environment – general safety					
Electricity payment:	<input type="checkbox"/> billed	<input type="checkbox"/> direct debit	<input type="checkbox"/> prepayment key/card		
Smoke alarms:	Number and location -				
Carbon monoxide alarms (should be fitted if there is gas in the property)	Number and location -				

INSERT TRUST LOGO HERE

<p>Condition of the property: (Is the house in a good state of repair? Are there any issues such as damp/mould?)</p>	
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Please return this form to your ward Nurse / Occupational Therapist who will provide further information on next steps