HMD Form (Medical Priority)

HMD Form 1 Part 1 - Completed by you

Question: Describe Your Medical Condition

You don't need medical jargon.

Focus on **functional impact** of your diagnosis.

Example:

I have severe Myalgic Encephalomyelitis (ME). This illness causes extreme exhaustion, cognitive impairment, and hypersensitivity to noise and environmental stimuli. My energy levels are very limited, and I experience post-exertional malaise, where even small activities can trigger significant worsening of symptoms lasting days or weeks. (please edit to describe your symptoms and severities in greater detail)

Question: How Does Your Current Housing Affect Your Condition?

This is one of the most important answers.

Example wording:

Unstable or communal accommodation environments significantly worsen my symptoms. Noise, disturbance, and lack of control over my environment can trigger severe relapses. These relapses can last weeks or longer and may lead to permanent deterioration in my health.

Question: What Type of Housing Do You Need?

Be very specific.

Example:

A quiet, stable, self-contained living space (such as a studio or one-bedroom unit) where I can manage my illness without excessive environmental stress.

HDM Form 1 Part 2 GP/doctor section

Your doctor should confirm:

- diagnosis of ME
- severity (moderate/severe/very severe)
- impact on daily functioning.

It helps if the GP/doctor states:

- communal housing may worsen symptoms
- stable accommodation is medically necessary.
- own bedroom & bathroom is necessary

This helps housing officers understand that standard emergency accommodation may be medically inappropriate.

HMD Form 1 Healthcare Professional 1 (sample only from doctor/consultant/specialist)

Section 3B: Applicant's Current Accommodation

The applicant currently resides in accommodation that is not suitable for their medical needs and their accessibility needs. Applicant needs privacy and a reduced sound and light environment.

The property contains stairs and limited accessible facilities. The applicant reports difficulty safely accessing essential areas of the home due to their medical condition and associated disabilities.

The current environment contributes to increased physical strain and presents a risk of falls and exacerbation of symptoms. The accommodation does not provide adequate space or layout to support the applicant's mobility limitations and ongoing medical management.

Section 3C: Accommodation Need of Applicant

Due to the applicant's diagnosed medical condition and associated mobility limitations, accommodation that is ground floor or fully accessible is recommended.

Ideally, the accommodation should include:

- *Step-free access to the property*
- *Accessible bathroom facilities (e.g. walk-in shower)*
- *Adequate internal space to allow safe movement*
- *Proximity to essential services and healthcare providers*

Appropriate accommodation would significantly assist in maintaining the applicant's health, independence, and safety, and may reduce the likelihood of deterioration in their medical condition. A change would allow the applicant the possibility of accessing services as well as her health benefitting from an environment that protects her from extremes/variations in light, sound, heat, cold exposure.

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

Severe ME patients are very sensitive to environmental exposure even at the lowest levels of severity. The physical fatigue component of the applicant's illness requires her to use a mobility scooter.

Ideally a single level dwelling would be needed. Ideally a method of internal climate control would be needed.

Section 3D: Support Needs for the Applicant

The applicant currently requires ongoing medical management for their condition and may require support from healthcare services.

The applicant's physical energy has declined in recent years. Can walk approx. five metres indoors. Needs to rest and sit in a reclining state for much of the day.

Suitable housing that is accessible and stable would support the applicant's ability to manage their health condition independently. It would also facilitate access for community healthcare services where required.

At present, the applicant's support needs are primarily related to ensuring safe mobility within the home environment and maintaining access to healthcare services.

Ideally needs a powerchair and a ramp, and support bars in the bathroom, a recliner in the living area.

HDM Form 1 Part 3 Second medical professional

This may be:

- another GP
- consultant
- occupational therapist (very useful and practical)

Occupational therapist reports can sometimes carry extra weight because they focus on housing needs. HSE OTs do not always carry out housing suitability assessments, and this can vary depending on local services. Some Primary Care OTs will write housing support letters, and some will do environmental assessments, but not all.

An assessment by a private OT would be initiated by the client for the purpose of providing recommendations to the local authority/council in relation to the client's housing needs. Assessment would be carried out by interview, assessment and observation of the current housing features. If you don't have access to an OT, two medical professionals confirming the condition is usually acceptable.

HMD Form 1 Healthcare Professional 2 (sample only)

Here is a sample of what an Occupational Therapist may include about you when they complete their part of the form.

Section 3B: Applicant's Current Accommodation

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.

Yes. The applicant currently resides in a two-storey private rented dwelling. Access to the property requires negotiating three external steps without a handrail. The main living accommodation is located on the ground floor; however, the bathroom and bedroom are located on the first floor, which is accessed via a steep staircase with a single handrail.

The applicant reports increasing difficulty negotiating the stairs due to reduced mobility and lower limb weakness. They require the use of a walking aid and experience pain and profound fatigue when ascending and descending the stairs. As a result, the applicant has reported sleeping in the living room on several occasions to avoid using the stairs.

The bathroom contains a standard bath with an overhead shower. The applicant reports difficulty stepping over the bath edge and has experienced at least one near fall when attempting to access the shower. There are currently no grab rails or other bathroom adaptations in place.

In my professional opinion, the current accommodation presents significant accessibility challenges and increases the applicant's risk of falls and reduced independence.

Section 3C: Accommodation Need of Applicant

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

Further detail in attached report. In summary: Based on my assessment, the applicant requires accommodation that is accessible and suitable for their current mobility limitations. Ideally, the applicant would benefit from: Ground floor accommodation or a bungalow. Step-free access to the main entrance. A bathroom that includes a level-access shower. Adequate circulation space for safe use of a walking aid. Potential for installation of minor assistive adaptations such as grab rails if required.

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

Accommodation meeting these criteria would enable the applicant to safely carry out essential daily activities including personal care, mobility within the home, and access to cooking and living facilities.

Without appropriate accommodation, the applicant's ability to live independently may continue to decline.

Section 3D: Support Needs for the Applicant

The applicant is currently independent with most activities of daily living but requires increased time and effort to complete tasks due to mobility limitations. They use a walking aid for mobility and report fatigue and pain with prolonged standing or stair use.

The current home environment places additional strain on the applicant's functional ability and increases the risk of falls. Environmental barriers such as stairs and the bath shower combination make personal care activities more difficult and potentially unsafe.

Appropriate housing that addresses the accessibility issues identified would reduce these risks and support the applicant to maintain independence in the community. Minor environmental adaptations and assistive equipment may still be required depending on the layout of any future accommodation.