

This form is used by housing providers – including the SA Housing Trust and community housing providers – to verify:

- the nature and extent of a person's disability-related needs
- how they affect the person's ability to access and use a property, including their current and future housing.

This form is to be completed by a health professional – for example, a general practitioner or medical specialist – on behalf of a public or community housing tenant, or a customer who has registered an interest in public, community, or Aboriginal housing.

Health professional details

Full name:

Practice name:

Address:

Phone:

Patient/customer details

Full name:

Date of birth:

Address:

Verification of disability-related housing needs form



Government of South Australia

SA Housing Trust

Clinical information

Patient's diagnosis – please specify the condition(s):

Is the patient's condition(s): Chronic Episodic Acute

Expected duration of condition(s) or symptoms:

Impact on the patient's daily functioning? For example, mobility, cognition or communication:

Is the patient currently receiving treatment or management for this condition(s)? Yes No

If yes, please specify:

Health professional declaration

I confirm that the above information is accurate and based on my clinical assessment of the customer/patient.

Full name:

Signature:

Date: