

## **Application for Consideration under Exceptional Medical Grounds Scheme**

### **READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING FORM**

#### **What is the Exceptional Medical Grounds Scheme?**

Provision for the recommendation of a priority under the Exceptional Medical Grounds Scheme is contained in the Scheme of Letting Priorities 2018, Section 7.4

Priority status for Housing/Transfer applicants may be given in cases of exceptional medical circumstances. This is only if it relates to the applicant's housing conditions and the accommodation is deemed unsuitable by reason of disability or illness. A priority under Exceptional Medical Grounds may cover a particular type of dwelling and/or accommodation in a particular area. The City Council, in making lettings of dwellings where priority is awarded on exceptional medical grounds, may consider a recommendation from the appropriate designated member of the independent Medical Panel appointed by the Council.

Medical evidence will only be considered based on written information received from a Medical Doctor or a Medical Consultant. Explanatory and background information from Public Health Nurses, Social Workers, Occupational Therapists and other Health Professionals may accompany an application.

#### **How Do I Apply?**

1. Before you can be considered under the Exceptional Medical Grounds Scheme, you must have applied for and been accepted onto the Housing Waiting List or have applied to go on the Transfer list.
2. You must complete the Exceptional Medical Grounds application form
3. All application forms must be signed by the housing or transfer applicant.
4. Applications must be supported by a report or letter which must be on official headed paper containing valid contact details from a third party medical professional who has firsthand knowledge of your situation, e.g. General Practitioner, Consultant and, where necessary, accompanied by a report from an Occupational Therapist

5. All supporting letters that you wish to be included must be listed on the application form at Section 3. They may be submitted with the application form or arrive in the Housing Allocations & Transfers Section within four weeks of the application form being received. Otherwise they may not be included for consideration under the Exceptional Medical Grounds Scheme. It is the responsibility of the applicant to ensure that the reports/letters listed arrive in the Housing Allocations & Transfers Section.
6. All letters and reports must be written within the last six months, be fully legible and should be relevant to your housing issue.

**PLEASE NOTE:**

1. Priority Status will only be recommended for conditions where the management of the course of the illness can only be greatly improved by a change in housing.
2. Only medical evidence relating to persons included on the application will be assessed. Medical information relating to other occupants in the dwelling will not be considered.
3. Priority Status may be revoked if the housing circumstances of the applicant, or a household member included on the application, change by virtue of a change of address or where the housing circumstances at the time of the award of the priority status have now altered.
4. Priorities awarded to applicants on exceptional medical grounds will be reviewed on a yearly basis. This may involve the applicant being requested to submit up to date information and/or to meet with Housing officials.
5. If you are unhappy with the decision of the Medical Officer, an appeal can be lodged to the Housing and Allocations Section and a review will be carried out by another member of the Medical panel.
6. A recommendation for Priority under the EMG scheme is not a guarantee of an offer of accommodation. All applications are subject to the provisions of the current Allocations Scheme as adopted formally by the City Council members.

**NOTE TO PROFESSIONALS:**

**It is important that you give details of the nature of the illness (medical diagnosis), the severity of the illness and how, in your opinion, a change of housing will greatly improve the course of the illness.**

## **GENERAL INFORMATION ON MEDICAL ASSESSMENTS**

It is not possible in this document to indicate which conditions will attract a medical priority as each application will be assessed on its own merits having regard to all relevant information and the severity of the condition. By referring to any specific ailment by way of example, it is not intended to indicate that a priority will or will not be granted in all or any instances of such a condition or of all of them.

There are a number of common conditions often cited by applicants in housing applications, which may be influenced by factors other than the accommodation, for example, conditions such as asthma, ADHD, cardiac conditions, depression, epilepsy, mobility difficulties, or stress. Some conditions may be able to be addressed by looking at those other factors, or by referral to Housing Maintenance or by the award of another type of priority.

In the case of a refusal by the Housing Authority to award a priority, while every effort will be made to provide a reason(s) for the decision, the reason(s) offered may be in general terms, having regard to the particulars of the application concerned.

## Application Form for Consideration under Exceptional Medical Grounds Scheme

**IMPORTANT: Please** read Information Section at the front of this form before proceeding.

Complete the form in block capitals ensuring all relevant sections are filled in. **The form** must be signed by the housing/transfer applicant.

### Section 1: Personal Details

Name/s:

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Address:

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Telephone number: \_\_\_\_\_

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PPSN: \_\_\_\_\_



### Section 3: Supporting evidence from professional/s

List all supporting reports/letters enclosed with your application, i.e. explanatory material from Public Health Nurses, Occupational Therapists, Social Workers and other Health Professionals. Please note that it is the responsibility of the applicant to ensure that the reports/letters listed arrive in the Allocations & Transfers Section.

	For office use only
1.	
2.	
3.	
4.	
5.	

### Section 4: Sign and Date:

I consent to the Chief Medical Officer or designated member of staff contacting any relevant person or body in relation to my application.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Send your form and reports/letters to:**

Housing Allocations and Transfers  
Ground Floor, Block 1  
Civic Offices  
Fishamble St ,  
Dublin 8.

**Reminder: Enclose all relevant supporting documentation**