

## ADAPTATION REQUEST FORM



Date 27/6/2018



Name of Client:

[Redacted]

DOB:

[Redacted]

Address: 37 Laurier Road  
LONDON  
NW5 1SH

Tel. No:

Home:

[Redacted]

The above client has been assessed by an Occupational Therapist according to the London Boroughs Criteria under the Chronically Sick and Disabled Persons Act 1970. It is essential that they have the following adaptation:

### Details of adaptation:

Ramped wheelchair access to main front door of the above address to enable client to access the house independently with her three wheeled scooter. Please install a level platform outside the front door at hallway finished floor height to enable client to open and close the door independently. The ramp to turn to the right from the front door when leaving the house and cross the front of the house to cut through the existing wall to enable access onto the pavement alongside Laurier Road. The ramp to achieve 1/15 gradient ideally. Please also install a set of steps alongside the ramp for ambulant visitors and family members.

OT to undertake joint visit with Surveyor if required.  
Client is OO and self funder.

Any changes to this request must be agreed with the O T.

### Agreed by Occupational Therapist

SIGNED

[Redacted]

[Redacted]

PRINT NAME

[Redacted]

DATE 27/6/2018

### Agreed by Team Manager

SIGNED

TEL No

PRINT NAME

DATE

### Agreed by Client

## **ADAPTATION REQUEST FORM**

**SIGNED**

**PRINT NAME**

**DATE**

The above client is a disabled person as defined by Section 100 of the Housing Grants Construction & Regeneration Act 1996. The adaptation is for the purposes specified in Section 23 (1) of the above Act and qualifies for mandatory Disabled Facilities Grant.