Lincolnshire COUNTY COUNCIL

RECOMMENDATION FOR ADAPTATION TO PROPERTY

Date of referral: 21/10/15 Date of Assessment: 18/11/15 Date of recommendation: 19/11/15

Name: Mr Tony Holmes **Address: 3 George Ave, Gedney Drove End, Spalding** **Postcode: PE12 9PE** **Tel No: 01406-550357**	**Swift ID: 733064** **Date of Birth:** 21/5/42	**Accommodation:** House- owner **H.I.A. Involvement required:**

Contact Details of Guardian/Next of Kin/Carer (if applicable):

Name: Mrs Holmes
Address: As above

Relationship to applicant:
Spouse

Tel. No:

Postcode:

Nature of Applicant's Difficulties:
Dementia
History of fracture neck of femur (one year ago)
Balance very poor.
Unable to weight bear without full support.
Mini stroke few months ago.

Mr & Mrs Holmes live together in their own house. Their son also lives with them and is main carer for both Mr & Mrs Holmes as Mrs Holmes health is also poor.
Mr Holmes now has to sleep down stairs as he is unable to safely stair climb to access the bedroom/bathroom and toilet facility.

Mr Holmes sleeps down stairs in dining room. Mrs Holmes is currently sleeping on the sofa in the lounge so she can respond to Mr holmes needs during the night.

Mr holmes is unable to access his home safely with wheelchair that he requires assistance with. He is unable to be transferred safely in/out car die to the uneven ground surface.

Proposed adaptation considered necessary and appropriate: (this should include any special requirements – please include specification sheet from Good Practice Folder)

1) Platform/ramp to main side door.
2) Hardstanding and drop curb. Hard standing to be located as close to main door as possible and to be suitable size to enable wheelchair transfers.
3) G/F Extension for Bathroom

Alternative solutions considered:
Mr Holmes would not be able to safely transfer on/off stair lift to access his main bedroom/toilet and bathroom facilities.

Additional considerations/issues: (this should include any equipment/adaptations to be provided by Social Services)
Hoist/sling
Hospital bed
Wheeled commode.

Joint visit required: NO **Joint visit completed on:**	**Preliminary Test of Resources required:** **YES** **Applicant requires assistance with Preliminary Test of Resources? NO**

Applicant in receipt of: (delete as appropriate)

Guaranteed Pension Credit
Income Support
Income-based Job Seekers Allowance

I hereby confirm that the applicant is disabled for the purposes of Section 100, Housing Grants, Construction and Regeneration Act 1996.

Prescriber Name: Elaine Blake
Address:
The Vista
Churchgate
Spalding
Lincs
Tel No: 01522-555918

Signature:

E. Blake

E-mail address:
Elaine Blake@lincolnshire.gov.uk

Plans/specification to be forwarded to Occupational Therapist for approval:

----------**Complete and return to Prescriber**----------

FAO: Elaine Blake

RECOMMENDATION FOR ADAPTATION RECEIVED

Name: Mr **Address:** **Postcode:** **Tel No:**	**Swift ID:** **Date of Birth:**
Returned By: **Name:** **Signature:**	**Designation:** **Date:**