



Self-assessment Form for Adult Major Adaptations in Council Properties

If you feel that you require an adaptation to your home, please complete this application form.

Once we receive your completed form, we will review the information you have provided. Based on this, we will decide whether we need to refer you for an assessment by our Occupational Therapy team, whether we can proceed with your application, or whether we need further information from you.

We will then assess whether your current property is suitable for the type of adaptation you are requesting. This is an important part of the process to ensure that any changes made will meet your needs safely and effectively.

Please be aware that completing this form does not guarantee that the adaptation will be approved or carried out. If your home is not suitable for the proposed work, or if your needs cannot be reasonably met within the property, we may recommend a move to more suitable accommodation.

As resources are limited, we must prioritise cases based on the level of need. If your situation is not assessed as urgent, you may be placed on a waiting list for further consideration.

To help us assess your application, please include any supporting documents or evidence that explain your needs or provide further background to your request.

By submitting this application, you consent to being placed on our housing waiting list for active consideration for relocation to a more suitable property. If you do not wish to be considered, please tick the opt-out box.

Date	
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Part 1. Contact Details		
Full Name:	Address:	
Date of Birth:	Gender:	
Email:	Contact number:	
Emergency contact		
Full Name:	Relationship:	Contact number:

Part 2. Household Composition – Tell us more about everyone living with you				
Full Name	Relationship to you	Date of Birth	Age	Gender
Does anyone else in your household require an adaptation?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Part 3. Reasons for Request

Why have you requested an adaptation?			
What type of adaptation do you require?			
Do you require multiple adaptations to your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Have you applied for alternative housing?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Part 4. Medical History – Tell us more about your medical history and concerns

Do you have any medical or health conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
If yes, what medical condition(s) do you have?			
Is your medical condition progressive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Is your medical condition unpredictable or changeable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
How long have you had the condition for?			
Are you experiencing any skin integrity issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you experiencing incontinence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you currently seeing any medical/care and support services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
If yes, what services are you seeing?			

Part 5. Property Details – Tell us a bit more about your property

Number of bedrooms	<input type="checkbox"/> Bedsit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
What floor do you live on?	<input type="checkbox"/> Ground floor		<input type="checkbox"/> First floor		<input type="checkbox"/> Second floor+	
Do you have to use steps/stairs to get to your property?	<input type="checkbox"/> Yes Number of steps _____			<input type="checkbox"/> No		
If there are stairs, is the access to your property communal or private?	<input type="checkbox"/> Communal		<input type="checkbox"/> Private Internal		<input type="checkbox"/> Private External	
If the access to the property is private internal, is the staircase straight or curved?	<input type="checkbox"/> Straight			<input type="checkbox"/> Curved		
Have there been any other adaptations carried out to the property?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

If yes, what adaptations have been carried out?		
What floor is the required adaptation on?	<input type="checkbox"/> Ground floor	<input type="checkbox"/> Upper Floor

Part 6. Mobility – Tell us about how well you can navigate your current home environment

Do you have any mobility issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what mobility issues do you have?		
Do you use equipment to help you move about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What equipment do use?		
Do you require support from someone else to move about inside or outside your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require support transferring on/off bed, chair, toilet, bath or any other surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you access the facilities which require adaptations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you access your kitchen facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there anything else we should know about your mobility needs?		

Part 7. Local care and support – Tell us more about the support you receive in your area

Do you have a carer?	<input type="checkbox"/> Paid	<input type="checkbox"/> Family/friends	<input type="checkbox"/> No
If you get support from family/friends, where do they live?			
Do you attend any social groups in your area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what social groups do you attend?			
How often do you attend them?			
Is there anything else we should know about your support needs?			

Once completed, please return the form to:

HRAConstruction@clacks.gov.uk

Or by post to:

Housing Investment Team
 Kelliebank Depot, Kelliebank,
 Alloa, FK10 2NT
 Telephone: 01259 452000