



### Self-assessment Form for Children Major Adaptations in Council Properties

If you feel your child or a child you care for requires an adaptation to the home, please complete this application form.

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

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 child's 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 child's 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 child's situation is not assessed as high need, you may be placed on a waiting list for further consideration. To help us assess the application, please include any supporting documents or evidence that explain your child's needs or provide further background to the 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.

<b>Date</b>	
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Part 1. Contact Details	
Full Name:	Address:
Date of Birth:	Gender:
Email:	Contact number:
Your Child's Details	
Full Name:	Gender:
Date of Birth	Relationship to you:

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 does your child require?			
Does your child require multiple adaptations to the 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 child’s medical history and concerns**

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

**Part 5. Property Details – Tell us 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 how well your child can navigate the current home environment**

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

**Part 7. Care and support – Tell us more about the support your child receives in the area**

Does your child receive any other support in the area?	<input type="checkbox"/> Paid	<input type="checkbox"/> Family/friends	<input type="checkbox"/> No
If your child gets support from family/friends, where do they live?			
Is there anything else we should know about your support needs?			

**Once completed, please return the form to:**

[HRACONSTRUCTION@clacks.gov.uk](mailto:HRACONSTRUCTION@clacks.gov.uk)

**Or by post to:**

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