



# Services to People - Housing, Property & Benefits Advice Self Assessment for Minor Adaptations in Council Properties

Please complete this form using black ink, write in **BLOCK CAPITALS**, and mark option boxes with a X. This form may also be completed electronically.

Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Town	Postcode	
<input type="text"/>	<input type="text"/>	
Telephone No	Date of Birth	
<input type="text"/>	<input type="text"/>	

Reason for Request:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Currently known to Social Services Yes  No

If yes, Name of Social Services Worker:

Title	Forename	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate the number of steps into and around your home:

Internal stairs: Yes  No  If Yes, number

External stairs: Yes  No  If Yes, number

**Type of works requested:** (Please complete applicable boxes)

Additional banister       Straight stair       Curved stair       RHS       LHS

Internal Handgrips      Yes       No:       Location

External metal overstep hand rail       No:       Location

External metal double rail       No:       Location   
(both sides)

External hand grip       No:       Location

**Application form to be returned to:**

F. M. Maintenance  
Repairs Team,  
Kelliebank Depot,  
Kelliebank,  
Alloa,  
FK10 2NT

Telephone: 08450557070

Date Received:  /  /

Checked by:

Date processed  /  /