

APPLICATION for Adaptations

under the Chronically Sick and Disabled Persons Act 1970

Please complete all sections of the form

Surname: First Name(s):

Title: (delete as appropriate) Date of Birth:

Address:

Post Code:

Telephone: (please include area code)

Email address:

I would like to apply for the following minor items (tick box)

Grab rail alongside the outside door

A second internal staircase rail

Handrail to external steps

Lever taps to sink, washbasin or bath

Doctors Name:

Surgery Address:

Your medical condition (full details please)

Continue on a separate sheet if required

What type of adaptations will help you in your home

Continue on a separate sheet if required

Please give details of other members of your household living with you

Continue on a separate sheet if required

Are you registered disabled?

Yes

No

Continued overleaf ...

Your property may not be suitable to change. Would you consider moving to a more suitable property?

Yes

No

Signed:

Date:

The information you give will be treated confidentially, but will be passed to North Yorkshire Social Services who will contact you on behalf of the Council.

Please return this form to your Area Housing Office

Bilton Housing Office

2/4 Albany Avenue, Harrogate, HG1 4NH
01423 556808 or 556828
Fax 01423 507270

Kennion Road Housing Office

13/15 Kennion Road, Harrogate, HG2 7QY
01423 556878 or 556888
Fax 01423 888635

Ripon Housing Office

Town Hall, Market Place, Ripon, HG4 1BZ
01765 605481
Fax 01765 606993

Springfield House

Kings Road, Harrogate, HG1 5NX
01423 500600
Fax 01423 556810

For Office use only

Housing Office Ref:

Date passed to Property Services:

Acknowledgement to Tenant:

Reference Number:

Date to Social Services:

Signed Property Services: