

OHMS ID No:

CareFirst ID No: 529167

MANDATORY DISABLED WORK (PUBLIC SECTOR)**REASON FOR ADAPTATIONS**

DATE OF: REFERRAL 22/5/15 ALLOCATION 22/5/15 FEASIBILITY sent 25/6/15
returned 19/10/15

DISABLED APPLICANT: Master Bobby Hall

ADDRESS: 2, Greno Crescent Grenoside Sheffield S35 8NX

TELEPHONE: 07713134237 / 07541 460 132. Land line 0114 327 0289 (current fault)

DATE OF BIRTH: 12th November 2012

ETHNICITY: White British

NAME OF OWNER/TENANT (if different)

PREFERRED CONTACT IF DIFFERENT FROM APPLICANT Mother, Mrs Amy Hall

ANY COMMUNICATION NEEDS (please state)

Tick as Applicable:

- | | |
|---|-------------------------------------|
| a) Facilitating access by the disabled occupant to and from the dwelling or the building in which the dwelling or, as the case may be, flat is situated. | <input type="checkbox"/> |
| b) Facilitating access by the disabled occupant to a room used or usable as the principal family room. | <input type="checkbox"/> |
| c) Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room used or usable for sleeping. | <input type="checkbox"/> |
| d) Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a lavatory, bath, shower or wash hand basin or facilitating the use by the disabled occupant of such a facility. | <input type="checkbox"/> |
| e) Facilitating the preparation and cooking of food by the disabled occupant. | <input type="checkbox"/> |
| f) Improving any heating system in the dwelling to meet the needs of the disabled occupant or, if there is no existing heating system in the dwelling or any such system is unsuitable for use by the disabled occupant, providing a heating system suitable to meet his/her needs. | <input type="checkbox"/> |
| g) Facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to or control of that source or by providing additional means of control. | <input type="checkbox"/> |
| h) Facilitating access and movement by the disabled occupant around the dwelling in order to enable him/her to care for a person who is normally resident in the dwelling and is in need of such care; and | <input type="checkbox"/> |
| i) Other (give details) Property extension | <input checked="" type="checkbox"/> |

Tick if required for evaluation

(BS to indicate on activity)

Adaptation recommended:

Priority (F = fast track, U = urgent, NU = non-urgent)

NU- Side extension to the property.

Agreed by panel.

Reason for delay if any (continue overleaf if necessary)

Complicated case. Three feasibilities have since been carried out. Client refused initial recommendation resulting in referral to re-housing. New assessment and joint visits with manager. New recommendation required Panel approval.

Delay date start 22/5/15Delay date end 31/1/17

Assessment Officer

Ray Mortimer

Assessment Date

22/5/15

Senior Officer

M SainyI Menwes

Recommendation Date

7/2/17