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| **Aids and Adaptation Referral and Application Form** **(Ver 8 - April 2016)** |
|
| **Date of Request/ Referral:** |   | **Date of Referral to Teign Housing OT (OFFICE USE ONLY)** |   |
| **Referred by (If applicable):** | **Address:** |
| **Name:** |  |
| **Position:** |  |
| **Tel No:** |  |
| **Is applicant aware of your referral? Yes** [ ] ** No** [ ]  |
| **Is the applicant currently in hospital? Yes** [ ] **No** [ ]  |
| **If so, please give details:** |
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|
| **The Applicants Details** |
| **Title:** | **Forename/s:** | **Surname:** |
| **Home Address:** | **GP Name & Address:** |
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| **Postcode:** |
| **Tel No:** | **Postcode:** |
| **Date of Birth:** | **Tel No:** |
| **Do you currently receive support or have a carer? Yes** [ ] **No**[ ]  |
| **How often do they visit?** |
| **Carers contact number & address:** |
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| **Did anyone suggest you apply for priority on medical grounds? Yes**[ ] **No** [ ]  |
| **If yes, who suggested you apply?** |
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| **Are you presently seeking alternative accommodation through Devon Home Choice?** |  **Yes** [ ]  **No** [ ]  |
| **If Yes, please give details (please continue overleaf if needed):** |
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| **Health Details** |
| **Please give a brief description of your medical & mobility difficulties in relation to your current housing:** |
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| **Any further comments to support your application:** |
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| **Financial**  |
| **Please tick all options relevant to you**  |
| **Personal Independence Payment** [ ] **Carer's Allowance** [ ] **Working Tax Credit**[ ] **Attendance allowance**[ ]  |
|  **Pension Credit** [ ] **Child Benefit** [ ] **Universal Credit**[ ] **Private Pension**[ ] **** |
| **Disability Living Allowance** [ ] **Income Support** [ ] **Child Tax Credit**[ ] **Jobseekers Allowance**[ ]  |
| **Housing Benefit** [ ] **Council Tax Benefit**[ ] **State Retirement Pension**[ ]  |
| **Other (please state):** |
| **Declaration & Medical Consent** |
| **I hereby consent to the Occupation Therapist to Teign Housing receiving a report from my doctor, consultant or other specialist about my medical condition in support of my application for disabled aids/adaptations and releasing relevant details of the report to colleagues working on my case within Teign Housing. I certify that all the details of this form are true and correct to the best of my knowledge and that I will notify Teign Housing in writing of any changes in my circumstances.** |
| **Signed:** | **Dated:** |
| **Print:** |
| **(The person/applicant needing the aids or adaptations should sign here. If they cannot sign whoever has the right to sign on their behalf should do so.)** |
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| **Should you have any queries regarding the form please see below contacts:**  **Yvonne Mapplebeck:** disability.adaptations@teignhousing.co.uk or call 01626 322710  |
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| **Eligibility declaration by a disabled person** |  |  |  |  |
| **What is meant by a ‘disabled’ person?** |  |  |  |  |
| A person will qualify for the disabled persons’ VAT reliefs if he or she has any of these conditions: |  |
|  |  |  |  |  |  |  |  |
| a physical or mental impairment that has a considerable and long term effect on their ability to carry out everyday activities |
| a condition that the medical profession treats as a chronic sickness like diabetes |  |  |
| a terminal illness |  |  |  |  |  |  |
| But not if they have conditions like these: |  |  |  |  |
|  |  |  |  |  |  |  |  |
| they are frail and elderly but not disabled as described above |  |  |  |
| they are only temporarily disabled or incapacitated, for example with a broken limb |  |  |
| If a disabled person is not able to sign this declaration, HMRC will accept the signature of the person's parent, guardian, doctor or another responsible person. |
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| **Please note there are penalties for making false declarations** |  |  |
|  |  |  |  |  |  |  |  |
| **Customer** |  |  |  |  |  |  |
| If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult Notice 701/7 VAT reliefs for disabled people or contact The HMRC on 0300 200 3700 before signing the declaration. |
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|  |  | I (full name).............................................................................. |  |  |
|  |  |  |  |  |  |  |  |
|  |  | of (address) .............................................................................. |  |  |
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|  |  | declare that: |  |  |  |  |
|  |  | • I am chronically sick or have a disabling condition by reason of: |  |  |
|  |  | (give full and specific description of your condition); |  |  |
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|  |  | and I claim relief from value added tax. |  |  |  |
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|  |  | ................................................................................ (Signature) |  |  |
|  |  |  |  |  |  |  |  |
|  |  | ........................................................................................ (Date) |  |  |
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