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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: | | | |  |  |  | | |  |
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| 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** | | | | | |  | | |  |
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| **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) | | | |  | | |  |
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|  |  | ........................................................................................ (Date) | | | |  | | |  |
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