



**Services to Communities- Community and Regulatory Service**

**SELF ASSESSMENT FOR MINOR ADAPTATIONS IN COUNCIL PROPERTIES**

**Name:** .....

**Address:** .....

**Tele No:** ..... **Date of Birth:** .....

**Medical condition:** .....

**Reason for Request:** .....

**Currently known to Social Services:** Yes [ ] No [ ]

**If yes, Name of Social Services worker:** .....

**Do you use assistive equipment?** Yes [ ] No [ ]

**Walking stick [ ] Frame [ ] Wheelchair [ ] Bathing equipment [ ] Other [ ]**

**If Other, please state:** .....

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

**Internal stairs:** Yes [ ] **If Yes, Number:** .....

**External stairs:** Yes [ ] **If Yes, Number:** .....

**(Front / Back Door)**

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

**Additional banister [ ] Straight stair [ ] Curved stair [ ] RHS / LHS**

**Internal Grab rail [ ] Number: ..... Location: .....**

**External Grab rail [ ] Number: ..... Location: .....**

**Over Step Metal Rail [ ] Number: ..... Location: .....**

Application form to be returned to:

**Housing Occupational Therapy, Lime Tree House, Alloa FK10 1EX**  
Telephone: 01259 452306

**Date Received:** ..... **Checked by:** ..... **Date Processed:** .....