**ADAPTATIONS SELF-REFERRAL FORM**

(This should be used for grab rails only)

|  |  |
| --- | --- |
| Name of person requiring adaptation |  |
| Address: |  |
| Contact Telephone Number | or |
| Who should we contact to discuss the adaptation? | Yourself?✓ appropriate box below | Your representative? (if so please provide details): |
| YES | NO |
| What issues do you have that would benefit from this adaptation? For example:Do you have trouble with standing at the wash hand basin?Do you have trouble answering the door in time? |  |
| Details of work required or equipment needed(Please be as specific as possible) |  |
| Do you know where grab rail(s) should be sited? | If so, what is the location? |
| Are you able to provide that detail to the contractor? | YES  |  | NO |  | Please tick appropriate response |
| How will this work benefit you? Please provide as much detail as possible |  |
| Signed (tenant) |  |
| Date |  |