**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 |  | | | | | | |