



Preventative Adaptations Service (PAS) APPLICATION FORM

You may use this form to request minor adaptations – which include **grab handles, stair rails, handrails, and half steps** - for yourself or for someone else. This service is only available to people **AGED 60 AND OVER** who live in Bassetlaw.

PERSONAL DETAILS *(Please complete this form in **BLOCK CAPITALS**)*

Title: Mr/Mrs/Ms/Miss	First Name:	Last Name:
Date of Birth:		
Address:		Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a best time to contact you? Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Any time <input type="checkbox"/> Is there anything we need to consider when contacting or visiting you? Eg, hard of hearing / partially sighted
Postcode:		
Home Tel No:		
Mobile Tel No:		
E-mail:		
Please let us know how you heard about this service: Local press/relative/health professional/word of mouth/other (please describe)		

YOUR HOME and TENURE *(Please tick which box applies to you)*

In what type of property do you live? <input type="checkbox"/> House <input type="checkbox"/> Bungalow <input type="checkbox"/> Static Home / Caravan <input type="checkbox"/> Flat If flat, on which floor is it? <input type="checkbox"/> Other, <i>please describe</i>	Are you a: <input type="checkbox"/> Homeowner <input type="checkbox"/> Council Tenant <input type="checkbox"/> Housing Association Tenant <input type="checkbox"/> Private Tenant <input type="checkbox"/> Leaseholder <input type="checkbox"/> Living with relatives
<p>*All Tenants - We may need your landlord's permission to fit any adaptations. Please state:</p> Landlord's Name: Landlord's Address: Landlord's Tel No:	

ETHNICITY (How would you describe your ethnic origin? - Tick only one box)

Asian Bangladeshi	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>
Asian Chinese	<input type="checkbox"/>	Mixed White + Asian	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Mixed White + Black African	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	Mixed White+ Black Caribbean	<input type="checkbox"/>
Asian Other	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>
Black African	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>		
Any Other ethnic group?	<input type="checkbox"/>		
If Other as above, please state ethnic group			

NEEDS ASSESSMENT (Please answer each question by ticking the box which best applies)

1) How would you describe your general health? <input type="checkbox"/> Good <input type="checkbox"/> Fairly Good <input type="checkbox"/> Not Good <input type="checkbox"/> Limited by long-term illness	
2) Do you have a disability or medical condition that affects your mobility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
3) Do you have difficulties getting in/out and around your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
4) Do you use any equipment to help you get around your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
5) Have you fallen / slipped / tripped in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state: How many times? When? Where?	
6) Do you know the reason you fell? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
7) Did you injure yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Do we have your permission to send this form on to Occupational Therapy or the Falls Prevention Team, if appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADAPTATIONS (Please tick the item(s) you are requesting)

Items	Where? <i>For example back door, bathroom, etc</i>	Total Required
<input type="checkbox"/> Grab handles(s)		
<input type="checkbox"/> Stair rail(s)		
Straight stairs <input type="checkbox"/>	Curved stairs <input type="checkbox"/>	
<input type="checkbox"/> Half step(s)		
<input type="checkbox"/> External railing (<i>please give approximate length/position</i>)		

DETAILS of REFERRER

Who has made this referral? (Please tick any box that applies)

<input type="checkbox"/> Yourself (Please go to next section) <input type="checkbox"/> Family / friend / neighbour Please add your name and contact number: Is this person aware of your application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Professional Name: Position: Place of Work:	Tel No: Email: Is this person aware of your request? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES

There is a flat charge of £15 for adaptations fitted in your home. This fee is the same whether for a single item, or a package of items. The contractor who does the work for you will collect this payment. You may pay by cash or cheque and you will be given a receipt.

SERVICE ACCEPTANCE and DECLARATION

I confirm that all the details I have given are correct.

I understand that the adaptations requested will be provided without a formal physical assessment of my need and that I will be responsible for the deciding the height and position of grab/hand/stair rails.

I agree to pay the contractor a £15.00 fee directly. (In cash or by cheque - the contractor will give you a receipt)

Signature

Date

Please return this form to:

PAS Co-ordinator
Bassetlaw District Council
West House
Hundred Acre Lane
Worksop
S81 0TS

Tel No 01909 535128
Fax No 01909 535126
Website: www.bassetlaw.gov.uk
(search for PAS)

DATA PROTECTION ACT

Bassetlaw District Council will only process your personal data for the purpose of improving the services we provide to you and will hold your information in accordance with the Data Protection Act 1998. All information you give us on this form will only be used in relation to this purpose, however we may use your information to verify details of your application.

All information will be treated in the strictest confidence and Bassetlaw District Council will not supply data or information to marketing organisations.

TRANSLATION

If you require this form translating into a language other than English, or need larger print, please contact the PAS Co-ordinator – 01909 535128.