



Comhairle Contae **Lú**
Louth County Council

Application for Disabled Person's Adaptations to a Council House

Important information

It is important that you read the below information carefully.

Make sure that you have answered all of the questions fully where these are relevant to you and ensure that the medical report is completed by your doctor. Please note that only fully completed applications will be processed.

Application form should be returned to:

Disabled Persons Adaptations / Grants Section

Louth County Council

County Hall

Millennium Centre

Dundalk

Co. Louth

A91 KFW6

General Information

An application to adapt a Council house for a disabled person can be made by a tenant for the purpose of carrying out works that are reasonably necessary to render a house more suitable for the accommodation of a disabled person.

Definition of Disability

Disability has been defined as a *“substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.”*

To confirm your disability, your GP must complete Part B on the application form and the Council will arrange for an occupational therapist home visit to assess your housing need. The Council may seek further information from your GP, other medical professionals or disability services, if required, to assess your housing need.

Who May Apply?

The disabled person must be the tenant, joint tenant or member of the household whose residence in the dwelling has been approved by the Council and who is declared in the differential rent form for the purpose of rent assessment. The disabled person must occupy the property as his or her normal place of residence.

To qualify for adaptations, tenant **cannot have rent arrears** in excess of eight weeks rent. If the rent account is in arrears, the tenant must have agreed to a payment plan with the rents section and must have been compliant with the payment plan for a continuous period of 12 months prior to making an application. However, where the payment plan duration is less than 12 months the tenant must have adhered to the payment plan for a period equivalent to ½ of payment plan duration i.e. 6 months' payment plan requires 3 months continuous adherence. Tenant who stops complying with the payment plan during the application process must cover the missed payments within 4 weeks for the application to be progressed further. If tenant fails to cover the missed payments the application will be closed. If you wish to make application and your rent account is currently in arrears, please contact Council's rents section to resolve this matter.

Prioritisation

Applications may need to be prioritised on the basis of the medical needs of the applicant.

There are three general levels of medical priority identified

- Priority 1 Terminally ill or fully / mainly dependent on family or carer, or where adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future.
- Priority 2 Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc. or where without the adaptations the disabled person's ability to function independently would be hindered.
- Priority 3 Independent but requires special facilities to improve the quality of life e.g. separate bedroom / living space.

The works allowable under the adaptations scheme for a disabled person can be varied and may include the provision of:

- Access ramps
- Accessible showers
- Stair lifts
- Adaptations to facilitate wheelchair users
- Downstairs toilet facilities
- Extensions for ground floor facilities
- Any other works that are deemed reasonably necessary

Provision of adaptation works is subject to survey, feasibility, cost-effectiveness, budget and decision by the Council.

Moderate Adaptations

Moderate adaptations include works such as provision access ramps, stair lifts, accessible showers in the existing bathroom and rails

Significant Adaptations

Significant adaptations include works such as provision of extensions and major internal adaptations. In order to ensure the best use of its housing stock the Council will protect its dwellings, where significant adaptations such as extensions and/or considerable internal modifications have been carried out, for future disability use. Therefore, following completion of the adaptation works these dwellings will be deemed special needs dwellings and will remain in the ownership of Louth County Council and ***cannot be purchased by the tenant, or any other person***, under any Tenant Purchase Scheme, Incremental Purchase Scheme or any other Department Scheme.

A succession to the tenancy of these dwellings ***will only be permissible if the person requesting succession requires an adapted dwelling***. In situations where member of the household no longer requires an adapted dwelling the Council will allocate an alternative dwelling suitable for their adequate housing in the household member's area of choice.

Transfers

The Council will always consider the most cost-effective option to address housing needs of the disabled person, which includes transferring to a more suitable dwelling. In situations, where, following the adaptations, the dwelling would be under-occupied or continue being overcrowded, or the required adaptations are not considered cost-effective the Council will seek to transfer the applicant to more suitable accommodation.

Use of your information

Personal and medical information obtained in your application form and in connection with the assessment of the application will be used for the below purposes

- Assessing your application
- Processing your application
- Determining the required adaptations
- Providing the required adaptations

Should you apply for transfer to a more suitable accommodation your medical information and occupational therapist assessment report may be used for processing your transfer application.

Sharing your information

Personal information provided in connection with the application for adaptations may be shared with the below

- Your personal and medical information in the application form and / or medical information provided by other means will be shared with the Council's occupational therapist for the purpose of assessing your accommodation requirements.
- Your name, address and telephone number, recommendations made by the occupational therapist and the consent form signed by you will be shared with Council's housing technical section for the purpose of planning and carrying out the adaptation works.
- Your name, address and telephone number may be shared with an external contractor for the purpose of tendering and carrying out of adaptation works.
- Following completion of significant adaptations your consent form, if applicable, will be shared with Council's rent section and a copy will be placed in your tenancy file.
- Should you apply for transfer to more suitable accommodation instead of adaptation works, your medical information and occupational therapist assessment report may be shared with the housing assessments and allocations section for the purpose of processing your transfer application.

Louth County Council may, to fulfil statutory or regulatory obligations or in the public interest from time to time, have to share personal data with other organisations or entities.

Storage of your information

Your application form, information obtained in connection with the assessment of the application and all correspondence will be stored in your Disabled Persons Adaptations hard file and an electronic file. Access to your hard file and electronic file is restricted to approved staff members only.

Personal information and required adaptations will be entered into the database for disabled person's adaptations for analysis and storage. Access to the database is restricted to approved staff members only.

REFERENCE NO

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PART A PERSONAL DETAILS			
TENANT		JOINT TENANT	
Name		Name	
DoB		DoB	
PPS No		PPS No	
Address		Address, if different	
Contact telephone no:		Contact telephone no:	
E-mail:		E-mail:	

DISABLED PERSON			
NAME	DOB	PPS No.	RELATIONSHIP TO APPLICANT

Is the Disabled Person permanently residing at this address: Yes No

DETAILS OF ALL OTHER PERSONS LIVING IN THE PROPERTY			
NAME	DOB	PPS No.	RELATIONSHIP TO APPLICANT

DESCRIPTION OF DWELLING

Two Storey	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Other	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Toilet	<input type="checkbox"/>
Bedrooms Specify No	<input type="checkbox"/>	Water Supply Hot & Cold	<input type="checkbox"/>	Central Heating	<input type="checkbox"/>		

Give a brief description of proposed adaptations: _____

How would the proposed adaptations improve your circumstances: _____

PART B

TO BE COMPLETED BY DOCTOR

In order to process this application, it is essential that Louth County Council is provided with the necessary medical information. We would be grateful for your response to the following;

Diagnosis: _____

Prognosis: _____

Does the Client suffer from any of the following? (Please Tick)

Epilepsy / Blackouts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Severe Dizziness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Confusion / Dementia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Visual Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Psychiatric Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

How would the proposed adaptations improve the client's circumstances: _____

Name of Doctor: _____
Address: _____
Signature: _____
Date: _____



PART C

DECLARATION BY TENANT(S) & DISABLED PERSON

I / we declare that I / we have read and understood the information provided in this application form.

I / we declare that the information and particulars given by me / us on this application form are true and correct.

I / we give consent to seeking further information from my /our GP, other medical professional or disability services, if required, for the purpose of assessing my / our housing need.

I / we give consent to occupational therapist assessment and forwarding my / our medical information to the occupational therapist.

Signed: _____
Tenant Joint Tenant

Date: _____

Signed: _____
Disabled Person, if other than Tenant or joint tenant Parent / Guardian of a disabled child

Date: _____

Please ensure that the ALL parts of the application form are fully completed and the Medical Certificate is signed and stamped by your Doctor. Please note that incomplete applications will be returned.