

HOME IMPROVEMENT AGENCY REFERRAL FORM

MAJOR ADAPTATION



DFA to Council Property

☐

PRIORITY

☒

STANDARD

☐

Informed about Right to Control

☐

Substantial Advice visit request

☐

DFG Applicant

☐

PRIORITY

☐

STANDARD

☐

Right to control leaflet given

☐

Reviewed by DS Care Funding Panel

☐

Date of Enquiry to DS

Date of Assessment

Assessed by(please print)

Date of referral to HIA

09.03.201

30.07.2021

Val Sparkes

30.07.2021

Name

Charlie Andrews

Address 55 Arley Avenue, Bury

Postcode

BL(5HD

Tel 0747344924

***Name and contact of property owner (if this differs from above):

Stacey Andrews

Source of enquiry

Method of Enquiry

Nature of Enquiry

Gender

Male

Date of Birth

20.03.2015

Ethnicity

A1

Health – please tick one only

☒

Physical disability?

☐

Registered disabled?

☐

Learning difficulties?

☐

Chronic ill health?

☐

Mental health problems?

☐

AIDS/HIV

☐

Sensory Impairment

☐

Property tenure

☐

Owner occupier

☐

Other

☒

Local Authority tenant

☐

Private tenant

☐

Housing Association

Property type

☐

Terraced with front garden access

☐

Terraced without front garden access

☒

Semi detached property

☐

Detached Property

☐

Bungalow

☐

First floor flat

☐

Ground floor flat

☐

Other (please specify)

x CHILD.

Please note shaded boxes are completed by the HIA Case ID number

Recommendation following assessment:

Ramped access front and back, ground floor bedroom and bathroom. Ceiling track H frame between bedroom and bathroom. Access to a safe play area

Authorised by: (please print)

Signature:

Date:

Date of first contact with customer

Date of first visit to customer

Date tenders sent

Tender return date

Date work instructed

Target completion date

Contractor

Date work instructed

Practical Completion

Speed of Service

Disabled Facilities Officer