**Aids & Adaptations Referral Application Form (Version 10)**

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| **Date of Request/ Referral:** |  | | **Date of Referral to Teign Housing OT (OFFICE USE ONLY)** |  |
| **Referred by (If applicable):** | | | **Address:** | |
| **Name:** |  | |
| **Position:** |  | |
| **Tel No:** |  | |
| **Is applicant aware of your referral? Yes  No** | | | | |
| **Is the applicant currently in hospital? Yes No** | | | | |
| **If so, please give details:** | | | | |
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| **The Applicants Details** | | | | |
| **Title:** | **Forename/s:** | | **Surname:** | |
| **Home Address:** | | **GP Name & Address:** | | |
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| **Postcode:** | |
| **Tel No:** | | **Postcode:** | | |
| **Date of Birth:** | | **Tel No:** | | |
| **Do you currently receive support or have a carer? Yes No** | | | | |
| **How often do they visit?** | | | | |
| **Carer’s contact number & address:** | | | | |
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| **Did anyone suggest you apply for priority on medical grounds? YesNo** | | | | |
| **If yes, who suggested you apply?** | | | | |
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| **Are you presently seeking alternative accommodation through Devon Home Choice?** | | **Yes  No** | | |
| **If Yes, please give details (please continue overleaf if needed):** | | | | |
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| **Health Details** | | | | |
| **Please give a brief description of your medical & mobility difficulties in relation to your current housing:** | | | | |
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| **Any further comments to support your application:** | | | | |
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| **Financial** | | | | |
| **Please tick all options relevant to you** | | | | |
| **Personal Independence Payment Carer's Allowance Working Tax CreditAttendance allowance** | | | | |
| **Pension Credit Child Benefit Universal CreditPrivate Pension** | | | | |
| **Disability Living Allowance Income Support Child Tax CreditJobseekers Allowance** | | | | |
| **Housing Benefit Council Tax BenefitState Retirement Pension** | | | | |
| **Other (please state):** | | | | |
| **Privacy Information**  Teign Housing is committed to providing our customers with the highest standards of privacy and data security in accordance with the General Data Protection Regulations (GDPR).  The information you provide us with including: your name, address, contact details, date of birth, health conditions and financial status will be used for the sole purpose of assessing your suitability/eligibility for the aids and adaptations that you have requested.  The personal data you provide may be shared if necessary, with the following third parties: Allied Healthcare Professionals and Advocates, GPs, Specialist Consultants, Occupational Therapists, Support Agencies, the Local Housing Authority and the Devon Home Choice Multi-Disciplinary Team in order for Teign Housing to obtain the necessary information and/or medical reports in support of your application. Your personal information will not be shared or sold to any other third parties unless required by law and will be stored securely by Teign Housing in accordance with our Data Retention Policy.  To allow us to legally process and share the information you have supplied to us, we need your prior consent. By ticking the boxes below, you confirm your understanding of this privacy information and grant Teign Housing your consent to:   * Process my personal data supplied in this form for the purposes of processing and assessing my application * Sharing the data provided in this form with the necessary healthcare professionals, public bodies and support agencies for the purposes described above.   For further details on how Teign Housing may use and manage your personal data, or to request access to the information that we hold about you, please visit our website www.teignhousing.co.uk or email our Customer First Team at customerhub@teignhousing.co.uk. Alternatively, you can call us on 01626 322722.    **Eligibility & Medical Declaration**  **What is meant by a ‘Disabled Person’?**  A person will qualify for the disabled persons’ VAT reliefs if he/she has any of the following conditions:   * A physical or mental impairment that has considerable and long-term effects on their ability   to carry out daily activities. * A condition that the medial profession treats as a chronic sickness like Diabetes * A terminal illness   A person will not necessarily qualify if they have conditions such as:   * Being frail and elderly but not otherwise disabled as described above * Being temporarily disabled or incapacitated for example with a broken limb.   If you are in any doubt as to whether you are eligible to receive zero-rated goods and services for VAT, you should consult Notice 701/7 VAT reliefs for disabled people or contact The HMRC on 0300 200 3700 before signing this declaration. **Please note that there are penalties for making false declarations.** If you need any further help or advice with using this form, please email: disability.adaptations@teignhousing.co.uk or alternatively call our Customer First Team on 01626 322722.  If the person completing this form has a disability that prevents them from being able to sign this declaration, then the HMRC will accept the signature of the person’s authorised parent, guardian, doctor or other responsible person.  I (full name)………………………………………………………………………………………………  of (address)………………………………………………………………………………………………  declare that:   * I am chronically sick or have a disabling condition by reason of: (give full and specific description of your condition): and I claim relief from Value Added Tax. I also certify that all the details on this form are true and correct to my knowledge and that I will notify Teign Housing in writing of any changes in circumstances.   …………………………………………………………………………………………………(Signature)  ………………………………………………………………………………………………………(Date) | | | | |
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