

Once Off Adaptation Works for Special Needs Local Authority Tenants Application Form



Cork
City Council
Comhairle Cathrach Chorcaí

Important information

It is important that you read the below information carefully.

Make sure that you have answered all the questions fully where these are relevant to you and ensure that the medical report is completed by two Healthcare Professionals.

Please note that only fully completed applications will be processed.

General Information

An application to adapt a Council owned property can be made by a tenant for the purpose of carrying out works that are deemed reasonably necessary by the Local Authority to render a house more suitable for the accommodation of a person with a disability.

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 and a secondary Healthcare Provider must complete Part B on the application form and the Council will determine if you are eligible for the scheme.

Who May Apply?

The person with a disability 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 person with the disability must occupy the property as his or her normal place of residence.

To qualify for adaptations, tenant cannot have rent arrears, rent accounts will be checked as part of the application process. If there is a history of arrears on your account, you will have to demonstrate a consistent repayment capacity that satisfies the Administrative Officer.

Applicants in arrears will be refused.

The onus is on the applicant to ensure their rent account is clear of arrears and they are showing a consistent repayment capacity.

Please also ensure that your household composition is correct and matches the information provided on this form. Application whereby household composition is incorrect will be refused.

Medical Information – Part B of Form

Part B of the application form must be completed by two Healthcare Professionals one being a General Practitioner.

The Healthcare Professionals must be registered to practice in Ireland. A Healthcare Professional includes registered Medical, Nursing or Health Care Professionals. These include a Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Occupational Therapist or any other registered healthcare professional deemed appropriate by the Local Authority for the purpose of providing the information required in the form.

For applications regarding Autism Spectrum Disorder, an Autism Report completed by a registered professional can be submitted for part B along with any of the above.

For clarity the form should be completed by two different Healthcare Professionals, for example a Consultant and a GP or a GP and a Public Health Nurse and so on. This is to ensure that the form gives a broad perspective and as much relevant information as possible about your circumstances and housing needs.

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, these are determined by the Occupational Therapist.

- | | |
|------------|--|
| 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 or bedroom etc. or where without 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. |

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

If the property has previously been adapted through the scheme you may not be eligible for any additional works.

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

- Access Ramps
- Stair Lifts
- Accessible Showers
- Adaptations to facilitate wheelchair users
- Downstairs Toilet Facilities
- Extensions for ground floor facilities

Tenant Purchase

To ensure the best use of its housing stock the Council will protect its dwellings, where adaptations 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 Cork City 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 his or her adequate housing.

Transfers

The Council will always consider the most cost-effective option to address the housing needs of the disabled person, which includes transfer to a more suitable dwelling. In situations where, following the adaptations, the dwelling would be under-occupied or continue being overcrowded, or where 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 following purposes

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

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 Allocations Section for the purpose of processing your transfer application.

Cork City Council may, in order to fulfil statutory or regulatory obligations, or in the public interest, from time to time, be required to 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.

PART A				PERSONAL DETAILS			
APPLICANT				JOINT TENANT (IF APPLICABLE)			
NAME				NAME			
DOB				DOB			
PPSN				PPSN			
ADDRESS							
EIRCODE							
CONTACT NO:				CONTACT NO:			
E-MAIL				E-MAIL			

Details Of the Person Completing the Form (If Different to Above)			
(Please ensure consent from applicant prior to applying)			
NAME	PHONE NUMBER	EMAIL ADDRESS	RELATIONSHIP TO APPLICANT

DETAILS OF ALL OTHER PERSONS LIVING IN THE PROPERTY (PLEASE ENSURE YOUR HOUSHOLD COMPOSTION IS CURRENT AND UP TO DATE)

NAME	DATE OF BIRTH	PPSN	RELATIONSHIP TO APPLICANT

DESCRIPTION OF DWELLING

TWO STOREY ☐
 BUNGALOW ☐
 APARTMENT ☐
 OTHER ☐

DETACHED ☐
 SEMI-DETACHED ☐
 END TERRACE ☐
 MID TERRACE ☐

BEDROOMS SPECIFY NO ☐
 WATER SUPPLY HOT & COLD ☐
 CENTRAL HEATING ☐

How long has the applicant been living at the address _____

(Please note you must be living at the address for two or more years to qualify for the scheme).

Give a brief description of proposed adaptation, please note works not included in the scheme will be disregarded:

Are you currently open for a Transfer?

Yes ☐ No ☐

Would you be interested in transferring to an alternative property?

Yes ☐ No ☐

If yes, what areas would you be interested in?

PART B MEDICAL INFORMATION

To be completed by two Healthcare Professionals

Healthcare Professional A **PLEASE USE BLOCK CAPITALS TO ENSURE LEGIBILITY**

Details of Healthcare Professional completing this form:

First Name	Surname
Name of Organisation	Occupation
Registration Number	Email
Telephone	

Please Identify the person to whom you are providing professional healthcare services:

First Name	Surname
PPS Number	Date of Birth

Please indicate the professional service you provide to the disabled person or person with the medical condition and the duration of time they have been engaged with your service.

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Duration _____



Medical Information

Condition(s) person suffers from:

Nature and degree of disability or mobility problem:



Current Accommodation

In your professional opinion, is the accommodation in which the person is residing impacting negatively upon the persons disability or medical condition?

Yes ☐ No ☐

If yes, please explain below, and indicate whether you have visited their current accommodation:



Support Needs of the Applicant

Are supports currently needed to enable the disabled person or person with a medical condition to live independently?

Yes

☐

No

☐

If yes, please provide details of support care package below:

Will the disabled or person with a medical condition need any additional or new supports if their accommodation was to be modified?

Please provide details of the services you envisage will provide those supports.

Yes

☐

No

☐

If yes, please provide details below



Healthcare Professionals Declaration

I declare that the information and details I have provided on this form are true and correct.

I agree to the local authority contacting me, if necessary, to verify the details I have provided.

Signature

Date

Please provide stamp from your service below:

PART B MEDICAL INFORMATION**To be completed by two Healthcare Professionals****Healthcare Professional B PLEASE USE BLOCK CAPITALS TO ENSURE LEGIBILITY**

Details of Healthcare Professional completing this form:

First Name	Surname
Name of Organisation	Occupation
Registration Number	Email
Telephone	

Please Identify the person to whom you are providing professional healthcare services:

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Please provide details of the services you envisage will provide those supports.

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If yes, please provide details below



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Signature

Date

Please provide stamp from your service below

PART C DECLARATION BY TENANT(S) & DISABLED PERSON
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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 for an occupational therapist assessment and for the forwarding of my / our medical information to the occupational therapist.

Signed: _____
Applicant

Date: _____

Signed: _____

Date: _____

Person Completing form on behalf of applicant

CHECKLIST

INCOMPLETE APPLICATION FORMS WILL BE RETURNED

Completed Form

☐

Medical Information Part B

☐

Completed by two separate Healthcare Professionals

Tax Clearance Certificate* (**This is required by all applicants**)☐

Recent Utility Bill

(issued in the last three months showing name & address)

E.g. Electricity Bill, Refuse Company Bill.

☐

Rent Account up to date

☐

*A copy of your Tax Clearance Certificate demonstrating to us that your tax affairs are in order must be submitted with the application form. You can obtain this online at Web: www.revenue.ie or you can call the Revenue Commissioners on Tel: (01) 738 3663 for more information on how best to obtain your Tax Clearance Certificate. Revenue is open Monday to Friday, 9.30am to 1.30pm.

Postal Address:

Housing Loans and Grants
Ground Floor
Cork City Council
City Hall
Anglesea Street
Cork
T12 T997

Phone: (021) – 4924000**Email:** housinggrants@corkcity.ie

If you are 66 years of age and over and require support in making an application, you can avail of the free services of our Healthy Age Friendly Homes Coordinator. The Healthy Age Friendly Homes Programme aims to support older people to live in their own home with dignity and independence, for as long as possible.

For more information on this service please contact Age Friendly Ireland | Meath County Council at the National Office: 046 9248899