Specifications for Through Floor Lift

**HULL CITY COUNCIL**

All specifications on this form are necessary and appropriate to meet assessed needs

This form must be completed and attached to the relevant recommendation form

(Adaptations to Council Dwelling / Disabled Facilities Grant)

on Liquid Logic and both forms emailed to Private Housing or Housing Adaptations Team

**Details**

|  |  |
| --- | --- |
| Customer name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact details: |  |

Capacity Yes [ ]  No [ ]

Best interest decision Yes [ ]  No [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weight: |  | kg | OR |  | st |  | lbs |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Height: |  | cm | OR |  | ft |  | inches |

**Seat**

Fold up [ ]

Perching [ ]

With arms [ ]

Wheelchair user – no seat required [ ]

**Service User in wheelchair details**

Overall length       mm

Overall width       mm

Minimum space required in lift compartment       mm x       mm

**Wheelchair details**

Self propelling [ ]

Assisted [ ]

Powered [ ]

Wheelchair weight       kg

Combined weight – wheelchair plus person       kg

**Lift details**

Door [ ]  manual [ ]  powered

In-lift communication [ ]  lifeline [ ]  mobile phone [ ]  landline

**Additional Information**

|  |
| --- |
|  |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |

**Approval by Social Services OT (for social services OT approver use only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |