**TEMPORARY RAMP PROVISION**

* Please refer to the temporary ramp guidance before requesting a temporary ramp on this form
* Ramps are not provided for people who are not eligible financially for a Disabled Facilities Grant except where they are end of life with a short prognosis – in such situations it is the person’s responsibility to fund provision of a ramp
* Provided as a temporary adaptation only and not for long term use
* All temporary ramps must have approval from Citywide Team Operations Manager or Principal Occupational Therapist before recommendation is made to OT Technicians for provision
* All forms are available to download here <https://www.livewellhull.org.uk/professional-zone/info-occupational-therapy> which also gives access to the online referral portal
* Portable ramps and the Modular Ramp Project through Medequip should be considered in the first instance. For more information, please refer to the webpage for guidance document or contact [disabilityteamadmin@hullcc.gov.uk](mailto:disabilityteamadmin@hullcc.gov.uk)

**CLINICAL REASONING** –please demonstrate criteria for provision is met

|  |
| --- |
|  |

**CUSTOMER DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | Name: | | DOB: | NHS Number: | Ethnicity: | |
|  |  | |  |  |  | |
| Address: |  | | | Visually Impaired: | YES | NO |
| Hearing Impaired: | YES | NO |
| Veteran / Armed Services: | YES | NO |
| Postcode: |  | Contact Number: |  | Lives Alone: | YES | NO |

**PROPERTY OWNER**

|  |  |
| --- | --- |
| Owner Occupier |  |
| Council |  |
| Association | must have written owner / landlord permission attached |
| Private Rented | must have written owner / landlord permission attached |

**REFERRER DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Worker: |  | Tel No: |  | Date of  Request: |  |
| Address |  | | | Date of Assessment: |  |

|  |  |  |
| --- | --- | --- |
|  | **URGENT** – detail reason |  |

|  |  |  |
| --- | --- | --- |
|  | **JOINT VISIT REQUIRED** |  |

|  |  |  |
| --- | --- | --- |
| Temporary ramps for provision by OT Technician’s will only be considered in the following circumstances: | | |
| Does the person have a short prognosis for a terminal condition | YES | NO |

|  |  |
| --- | --- |
| The person is eligible for a permanent ramp including financially and **one** of the following apply: | |
| A permanent ramp is not feasible (not technically possible) |  |
| **Private Landlord Tenants:** The landlord refuses permission for a permanent ramp |  |
| **Owner occupying / tenanted property:** The person is awaiting the provision of a means tested Disabled Facilities Grant for a permanent ramp provision and there is no safe way to manage access until this is provided (refer to guidance documentation\*\*) |  |

**TEMPORARY RAMP REQUEST**

|  |  |  |
| --- | --- | --- |
| Aluminium | Front Door | Back Door |

|  |  |  |
| --- | --- | --- |
| Wooden | Front Door | Back Door |

|  |
| --- |
| Condition / Diagnosis |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Permanent wheelchair user | | DFG applied for | | Fast-track status given | |
| YES | NO | YES | NO | YES | NO |

**ADDITIONAL WORK / NOTES / REQUESTS** – detail below

|  |
| --- |
|  |