**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

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

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**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** |       |

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| 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 [ ]  |

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| 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 [ ]  |

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

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

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

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