# AfC Housing Solutions Proforma

### Example for national use

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FALKIRK ADAPTATION PARTNERSHIP**  **HOUSING SOLUTIONS PROFORMA**  **(Assessment, Specifications, Recommendations and Outcomes)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Service User** | | | | | |  | | | | | | | | | | **SWIS/CHI No.** | | | |  | | | | | | |
| **Address** | | | | | |  | | | | | | | | | | **DOB** | | | |  | | | | | | |
| **Tel No** | | | |  | | | | | | |
| **Corporate Address Gazateer No.** | | | | | |  | | | | | | | | | | **Consent to**  **Share Form**  **Signed** | | | | Yes  No  Date | | | | | | |
| **Assessing**  **Agency/Service** | | | | | | **FCSW** | | | | **Health** | | | | | | **Landlord**  **Details** | | | |  | | | | | | |
| **Housing** | | | | **Other (specify)** | | | | | |
| **Worker Name** | | | | | |  | | | | | | | | | | **Tel No** | | | |  | | | | | | |
| **Team** | | | | | |  | | | | | | | | | | **Email** | | | |  | | | | | | |
| **Designation** | | | | | |  | | | | | | | | | | **Date** | | | |  | | | | | | |
| **Recommendation Summary**  **(Refer to Adaptations Definitions)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Minor Adaptation (Complete Section 1 and 8)**  \*These can be assessed for and ordered by any trained assessors across health, social care and Housing | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Re-housing (can be with Large Maintainable Equipment and /or Major Adaptation)**  **(Complete Section 2 and 3 and/or 4 as required)**  Rehousing can be recommended by trained assessors in a range of professions across the agencies. If recommendation includes LME or Major Adaptation then the overall recommendation would be assessed for by Health or Social Care OT | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Large Maintainable Equipment (Complete Section 3)**  \*These solutions can be assessed for by Health or Social Care OT’s | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Moderate/Major Adaptation (Complete Section 4)**  \*These solutions can be assessed for by Health or Social Care OT’s | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Referral to Housing Solutions Panel**  **(Complete Section 7 and refer to Housing Solutions Panel Guidance)**  \*These solutions can be assessed for by Social Care OT’s) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Other Service Inputs also required**  Detail other services required to support the solutions e.g. Home Care, Telecare etc | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Accommodation** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tenure** | | | |  | Owner Occupied | | | | | |  | Falkirk Council | | |  | | | RSL  Choose an item. | | | |  | | Private Landlord or Other | | | |
| **House Type** | | | |  | Bungalow | | | | | |  | GF Flat | | |  | | | House | | | |  | | Upper Flat | | | |
| **Other** | | | | Please Specify | | | | | | | | | | | | | | | | | | | | Floor Level | | | |
| **Accommodation**  **Layout** | | | | | | | Ground  Floor/Flat | | | | | First Floor/  Flat | | | Second Floor/  Flat | | | | Comments | | | | | | | | |
| Living Room | | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | |
| Kitchen | | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | |
| Dining Room | | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | |
| Bathroom | | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | |
| Toilet | | | | | | |  | | | | |  | | |  | | | |  | | | | | | | | |
| Bedroom | | | | | | |  | | | | |  | | |  | | | | e.g. number | | | | | | | | |
| Other | | | | | | |  | | | | |  | | |  | | | | e.g. specify | | | | | | | | |
| **Access to Front Entrance** | | | | | | | | | | | | | | | | | **Access to Rear/Side Entrance** | | | | | | | | | | |
| Common/Shared Areas | | | | | | | | |  | | | | | | | | Common/Shared Areas | | | | | | | |  | | |
| Intercom | | |  | | | | | | Keysafe | | | |  | | | | Intercom | | | |  | | | | Keysafe |  | |
| Number of Steps | | | | | | | | |  | | | | | | | | Number of Steps | | | | | | | |  | | |
| Total Height of Steps | | | | | | | | |  | | | | | | | | Total Height of Steps | | | | | | | |  | | |
| Additional Info e.g.Fall of Land, Steps in Path | | | | | | | | | | | | | | | | | Additional Info e.g.Fall of Land, Steps in Path | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Internal Access** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Straight Stair | | | | | |  | Curved Stair | | | | |  | Run off for Stairlift? | | | | | | | | |  | Internal Steps (Approx) | | | |
| **Detail Existing Adaptations and relevant equipment, including Telecare solutions** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Solutions Assessment** | | | | | | | | | |
| **Background Information**  (History of referral, medical condition, prognosis etc.) | | | | | | | | | |
|  | | | | | | | | | |
| **Needs Identified** | | | | | | | | | |
|  | | | | | | | | | |
| **Other Considerations**  (e.g. information re dementia, other medical condition, carer’s assessment, care package, known risks, family circumstances and other support) | | | | | | | | | |
|  | | | | | | | | | |
| **Other Occupants** | | | | | **Name, DOB, Relationship to Service User** | | | | |
|  | | | | |  | | | | |
| **Service User Views of Housing Needs/Solutions** | | | | | | | | | |
|  | | | | | | | | | |
| **Other Service Inputs** | | | | | | | | | |
| District Nurse |  | Moving & Handling |  | Equipment | |  | Other |  | (specify) |
| Specify | | | | | | | | | |
| **Goal/Outcome Required (as per service users views)** | | | | | | | | | |
|  | | | | | | | | | |

### Section 1:

|  |
| --- |
| **Recommendation: Re-housing**  as identified from Housing Solutions conversation(s) which must precede any decision on Adaptations provision |
| **Summary of Reason for Recommendation** |
| Unsuitable for Ramp  Reason.....................................................................................  Stairs  Further Comment.....................................................................  Stairlift Not Suitable  Reason.......................................................................................  Space or Layout Issues  Reason/Description................................................................  External Access  Further Comment....................................................................  Other Comments: |
| **Goals and benefits of re-housing** |
|  |
| **Any Additional information (including any risks identified)** |
|  |
| **Outcome of Rehousing Housing Solutions conversation** |
|  |

### Section 1:

|  |  |  |
| --- | --- | --- |
| **Summary of Re-housing Recommendation** | | |
| **Recommended Property Type** | | |
|  | Ground Floor Only | **Comments:** |
|  | Ground Floor Level Access |  |
|  | Adapted/Adaptable |
|  | Wheelchair Accessible |
|  | Other (please specify) |
| **Recommended Adaptations/Attributes/Large Maintainable Equipment** | | |
|  | Ramp/Wheelchair Access | **Comments:** |
|  | Wet Floor Shower |
|  | Level Access Shower |
|  | Low Access Shower |
|  | Wheelchair Accessible Internally |
|  | Wheelchair Accessible Kitchen Facilities |
|  | Accessible for Mobile Hoist  (Specify where transfers required) |
|  | Ceiling Track Hoist  (Specify where transfers required) |
|  | Other (please specify) |
| **On completion of Section 2; copy of recommendation to be issued to individual by Assessor with individuals consent, pass copy to Local Housing Office with request for Housing Options Interview** | | |
| **If re-housing to adapted or adaptable housing is required and large maintainable equipment is also recommended:-**  **Complete Section 3: Recommendation for Large Maintainable Equipment** | | |
| **If re-housing to adapted or adaptable housing is required and major adaptation or property attributes are also recommended:-**  **Complete Section 4: Recommendation for Moderate/Major Adaptation** | | |

### Section 2:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recommendation for Minor Adaptation** | | | | | | | | | | | | | |
| **Existing Access to Front Entrance** | | | | | | | | **Existing Access to Rear Entrance** | | | | | |
| Number & Height of Steps | | |  | | | | | Number & Height of Steps | | |  | | |
| Individual and Total Depth  (going) | | |  | | | | | Individual and Total Depth  (going) | | |  | | |
| External Rails required | | | **No**  **Yes  -** Complete  Section 8 | | | | | External Rails required | | | **No**  **Yes  -** Complete  Section 8 | | |
| **Internal Access and transfers** | | | | | | | | | | | | | |
| Bannister required | | | | | | **No**  **Yes** - Complete Section 8 | | | | | | | |
| Grab rails required  (including newel rails and fold down rails) | | | **No**  **Yes** | | | Private sector property - Request item via JLES and specify  installation instructions | | | | | | | |
| Other tenures - Request item via JLES. Complete Section 8 for  installation | | | | | | | |
| **Other Minor Adaptations** (including lever taps – kitchen, bath and wash hand basins; paddle style toilet flush and alteration to gas fire controls)  Complete Section 8 | | | | | | | | | | | | | |
| **Any Additional Information (including any risks identified, type of wall etc.)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Identify**  **Priority Need** |  | **Hospital Discharge** | |  | **Prevent**  **Admission** | |  | **Terminal Care** |  | **Prevention of Falls** | |  | **Other** |
| **Access**  **Information** | | | | | | | |  | | | | | |

### Section 3:

|  |
| --- |
| **Recommendation for Large Maintainable Equipment**  Note: House should be suitable to meet individual long term needs |
| **Outline of Large Maintainable Equipment Recommended**  (e.g. Ceiling Mounted Hoist, Stairlifts (Straight and Curved), Clos-o-mat) |
|  |
| **Summary of Alternatives Considered**  e.g. Equipment/Adaptations/Re-housing |
|  |
| **Any Additional Information**  (including Any Risks Identified) |
|  |
| **Eligibility Criteria**  (Please note how recommendation adheres to current Social Work Adult Services Eligibility Criteria) |
|  |

### Section 4:

|  |
| --- |
| **Recommendation for Moderate/Major Adaptations** |
| **Moderate/Major Adaptation Recommended** |
| Tick appropriated category and attach reference to relevant specification from specifications list:  (Note: Request must be compliant with Scottish Building Standards)  Alterations to doors  Over-bath shower  Alterations to footpaths or steps  Ramps  Remove bath and install shower tray  Wet Floor Shower  Other |
| **Summary of Alternatives considered**  e.g. Equipment/Adaptations/Re-housing and reason why recommended adaptation is more suitable for long term use |
|  |
| **Housing Options Interview completed** |
| No – Detail Reason |
| Yes – Detail Outcome |
| **Any Additional Information**  (including any risks identified) |
|  |
| **Eligibility Criteria**  (Please note how recommendation adheres to current Social Work Adult Services Eligibility Criteria) |
|  |

### Section 5:

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| --- |
| **Exceptional Circumstances Only** |
| **Outline of standard adaptations being considered to meet short term needs** |
|  |
| **Tick appropriate category and attach reference to relevant specification/design brief**  Alterations to doors  Over bath shower  Alteration to footpath or steps  Ramp  Large maintainable equipment (state which) |
| **Summary of Alternatives considered**  e.g. equipment/adaptations/re-housing |
|  |
| **Summary of Reasons why re-housing is not appropriate and steps taken to explore this option** (who, when, what..) |
|  |
| **Any Additional Information**  (including risks identified) |
|  |
| **On completion of this section, discuss with Line Manager**  Approval given – Complete Section 8  Adaptation(s) not approved – inform individual  Case to be considered by Housing Solutions Panel – Complete Section 7 |

### Section 6:

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval** | | | |
| **1. Recommendation Approved Under Delegated Authority** | | | |
|  | | Recommendation meets all the agreed criteria therefore meets the criteria for delegated authority approval by Senior Practitioner/Senior Worker/ Team Manager/other if agreed in local procedure  I therefore approve the request to proceed with the major adaptation/large maintainable equipment/re-housing recommended (delete as applicable)  Action required as indicated below | |
|  | | Recommendation does not meet all the agreed criteria therefore does not meet the criteria for delegated authority approval by Senior Practitioner/Senior Worker/ Team Manager/other if agreed in local procedure  I therefore advise that the recommendation should be reviewed by the Housing Solutions Panel | |
|  | | Recommendation does not meet all the criteria and therefore is not approved | |
| **2. Action Required** | | | |
|  | OT to progress Minor Adaptation – complete Section 8 – forward to Provider | | |
|  | OT to progress installation of large maintainable equipment | | |
|  | OT to progress technical feasibility study | | |
|  | OT to refer for Housing Options Interview | | |
|  | OT to progress Moderate/Major Adaptation – complete Section 8 – forward to Provider | | |
|  | OT to inform individual of decision | | |
|  | OT to present case to Housing Solutions Panel – complete Section 7 and refer to Housing Solutions Panel Guidance | | |
|  | Alternative action – please specify | | |
| **Additional Comments** | | | |
|  | | | |
| **Name of Authoriser:** | | | |
| **Designation: Senior Practitioner OT/Senior Worker** (delete as applicable) | | | |
| **Signed:** | | | **Date:** |

### Section 7:

|  |
| --- |
| **Consideration of Major Complex Adaptations** |
| **Major Complex Adaptation Proposed:** |
| **Outcomes required from accommodation** |
| Wheelchair Access  Access to bedroom facilities  Access to bathing facilities  Need for manual handling facilities  Other – please specify |
| **Summary of Alternatives considered**  e.g. equipment/adaptations/re-housing and reason for considering complex major adaptations |
|  |
| **Housing Options Interview Completed** |
| No – Detail reason |
| Yes – Detail outcome |
| **Any Additional Information**  (including risks identified) |
| After discussion with Line Manager refer to Housing Solutions Panel Guidance for process and forms |
| **Eligibility Criteria**  (Please note how recommendation adheres to current Social Work Adult Services Eligibility Criteria) |
|  |

### Section 8 (Part A):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FALKIRK ADAPTATION PARTNERSHIP** | | | | | | | | | |
| **House Adaptation Request Form**  (to be completed by approved staff from Health, Housing or Social Care) | | | | | | | | | |
| **Applicants Details:** | | | | | | | | | |
| Name |  | | | | | DOB | | | |
| Address |  | | | | | SWIS/CHI no | | | |
| Eligibility | | | |
| Post Code |  | | | | | Critical | | | Substantial |
| Tel No |  | | | | | Risk prevention/Support Re-ablement | | | |
| Date Current Housing Issue Identified | | |  | | | Date Assessment Completed | |  | |
| **Property Details:** | | | | | | | | | |
| **Tenure Type** | | **House type** | | | **No of Stairs** | | **Bathroom**  **Location** | | **Application for Re-Housing in Progress** |
| Local Authority | | House | | | Internal | | Upstairs | | Yes |
| Private Sector | | Upper Flat | | |  | |
| Registered Social  Landlord | | G.F. Flat | | | External | | Downstairs | | No |
| Bungalow | | |  | |
| **Work Requested** (please include as much detail as possible and use a separate form for each request) | | | | | | | | | |
|  | | | | | | | | | |
| Drawings Attached | | | | | | Specification Attached | | | |
| Schedule of Rates Number  (Local Authority properties) | | | | **Cost**  (non S.O.R. works) | | **Contractor Details**  (Private sector and non S.O.R. works) | | | |
|  | | | |  | | Contractor Name | | | |
| Address | | | |
| **Special Instructions** | | | | | | | | | |
|  | | | | | | | | | |
| **Assessor Details** | | | | | | | | | |
| Assessor’s Name: | | | | | | Signature: | | | |
| Team: | | | | | | Date: | | | |
| Manager’s Signature: | | | | | | Date: | | | |

### Section 8 (Part B):

**Please complete Part b for requests to Social Work and/or Care and Repair Only:**

Applicant’s Ethnicity Applicant’s Health Details Household Compliment

|  |  |  |
| --- | --- | --- |
| **Ethnic Status** | **Health Status** | **Household Details** |
| Choose an item. | Choose an item. | Choose an item. |

|  |  |
| --- | --- |
| **Support Person/Acting on Client’s Behalf** | |
| Name: | Designation: |
| Address: | |
| Tel. No: | Mobile No: |

### Section 8 (Part C):

**To be completed by officer instructing works and returned to assessor:**

|  |  |
| --- | --- |
| Adaptation (s) Provided: | |
| Applicant Name: | |
| Applicant Address: | |
| Date: | Signature: |
| Comments: | |