# AfC Housing Solutions Proforma

### Example for national use

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| **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 | [ ]  | RSLChoose an item. | [ ]  | Private Landlord or Other |
| **House Type** | [ ]  | Bungalow | [ ]  | GF Flat | [ ]  | House | [ ]  | Upper Flat |
| **Other** | Please Specify | Floor Level |
| **Accommodation****Layout** | GroundFloor/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:

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| **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)** |
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| **Outcome of Rehousing Housing Solutions conversation** |
|  |

### Section 1:

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| **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:

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| **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:

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| **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) |
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### Section 4:

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| **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) |
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### 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:

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| **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 procedureI 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 procedureI 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:

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| **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) |
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### Section 8 (Part A):

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| **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. |

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| **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:**

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