

**Additional Needs and Disability Adaptations (ANDA) Assessment Form**

**For completion by an OT or suitably qualified medical professional\***

**Please assess the family member’s *current* housing requirements. Please note we will only consider adaptations required for up to a maximum of 3 years, however we are happy to review the requirement if there is a change of circumstance.**

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| --- | --- | --- | --- |
| **Date of Assessment:** | Click or tap to enter a date. | | |
| **Name of Individual:** | Click or tap here to enter text. | | |
| **Address:** | Click or tap here to enter text. | | |
| **Telephone:** | Click or tap here to enter text. | | |
| **Email:** | Click or tap here to enter text. | | |
| **Date of Birth:** | Click or tap here to enter text. | | |
| **Family composition:** (include ages of any family members) Click or tap here to enter text. | | | |
|  | | | |
| *If other family members have housing needs, a separate ANDA Assessment Form should be completed for each individual.* | | | |
| **Brief details of functional difficulties:** Click or tap here to enter text. | | | |
| **Does the Individual use a Wheelchair or other mobility equipment?** Yes No | | | |
| What type of wheelchair or mobility equipment does the Individual use? Attendant push wheelchair Self propelled wheelchair Electric wheelchair Scooter Other, please state: Click or tap here to enter text. | | | |
| Wheelchair or mobility equipment dimensions and turning circle: Click or tap here to enter text. | | | |
| If a wheelchair is used, how often is it used? All the time indoors All the time outdoors Occasionally indoors Occasionally outdoors | | | |
| If a wheelchair is used occasionally, does the Individual have a disability that, within 3 years, may require wheelchair use all the time? Yes No Unable to determine at time of assessment | | | |
| **External Access** |  |  |  |
| Is level access into the property essential? Yes Maximum gradient of any ramps: Click or tap here to enter text.  No Maximum height of steps (mm): Click or tap here to enter text.  Maximum number of steps: Click or tap here to enter text.  Minimum width of external doorways (mm): Click or tap here to enter text.  Is parking required? Yes No  Is level access to the garden essential? Yes No  Additional requirements or information: *eg storage for mobility scooter* Click or tap here to enter text. | | | |
| **Internal Access** |  |  |  |
| Is level access between rooms in the property essential? Yes No  Minimum width of doorways (mm): Click or tap here to enter text.  Please tick which rooms the Individual will need to access:  Kitchen Toilet Bathroom Living room(s) Own bedroom Other, please specify Click or tap here to enter text.  *Please note we do not allocate additional rooms for therapy/sensory/etc use however we will try to ensure there are separate dining and living rooms so the family can use the space flexibly to meet their specific needs.*  ***Please note it is highly unlikely we will be able to meet a request for single level living, therefore please provide alternate options if Individual in unable to negotiate stairs or steps.***  Is the Individual able to negotiate stairs? Yes If no, Is the Individual able to use a stairlift? Yes No  Is the Individual able to use a through floor lift? Yes No  Additional information regarding stair mobility: Click or tap here to enter text.  Is the Individual able to negotiate steps? Yes No  Additional information regarding ability to negotiate steps: Click or tap here to enter text.  Additional requirements or information: *eg through-floor lift or stairlift specification including max* load: Click or tap here to enter text. | | | |
| **Kitchen** |  |  |  |
| *Please note we do not provide kitchen adaptations for children*  Will the Individual be using the kitchen? Yes No  What *specific* features will be required for them to do so? Click or tap here to enter text. | | | |
| **Bathroom** | | | |
| *Please note we will provide bathing or showering facilities, but not both.*  Is the Individual able to use a bath? Yes Is an over-the-bath shower essential? Yes No  If no, does the individual require: Wet room (level access shower) or High/low bath  Does the Individual require specific bathroom facilities? No  Yes Please detail the requirement: Click or tap here to enter text.  Space required in bathroom for use of specialist equipment *eg a ceiling track hoist, turning circle, etc*. Please specify requirement, dimensions and specification: Click or tap here to enter text.  Additional requirements or information: Click or tap here to enter text. | | | |
| **Toilet** |  |  |  |
| Is more than one toilet required? Yes No  Supporting reason: Click or tap here to enter text.  Additional requirements or information: Click or tap here to enter text. | | | |
| **Bedroom** |  |  |  |
| Is it essential for the Individual to have a separate bedroom? Yes No  Supporting reasons: *eg use/storage of specialist equipment* Click or tap here to enter text.  Is space to accommodate a ceiling track hoist required? Yes No  Additional requirements or information: Click or tap here to enter text. | | | |
| **Additional requirements or information:** Click or tap here to enter text. | | | |
| **Summary of essential features of property:** Click or tap here to enter text. | | | |
| **Declaration**  *I have assessed the Individual’s current housing needs and the adaptations annotated above are considered necessary and appropriate.*  Signed: Click or tap here to enter text.  Name:Click or tap here to enter text. Job Title: Click or tap here to enter text.  Address: Click or tap here to enter text. Date: Click or tap to enter a date.  Telephone:Click or tap here to enter text. Email: Click or tap here to enter text. | | | |
| **Individual’s Information Sharing Consent**    *I consent to the information provided in this assessment to be processed and shared with DIO, its Industry Partners and contractors. I understand this information will be used for the provision of ANDA only.*  Signed: Click or tap here to enter text. Date: Click or tap to enter a date. | | | |

\* *DIO define a ‘suitably qualified medical professional’ as one who is able to provide sufficient detail and technical specification in order for DIO and our Industry Partners to deliver adaptations which are fit-for-purpose and provide value for money eg if a medical professional recommends a grab rail, then they will need to be able to provide location, height, length, circumference etc.*

*ANDA Policy can be found in JSP 464.*