

**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 [ ] NoAdditional 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 [ ] NoMinimum 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 [ ] NoAdditional 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 [ ] NoIf no, does the individual require: [ ] Wet room (level access shower) or [ ] High/low bathDoes 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 [ ] NoSupporting 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 [ ] NoSupporting reasons: *eg use/storage of specialist equipment* Click or tap here to enter text.Is space to accommodate a ceiling track hoist required? [ ] Yes [ ] NoAdditional 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.*