

Horizon will produce this information on request in braille, audio tape, large print and community languages.

To find out more, call us on **0330 303 0089**.



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Horizon Housing Association Limited is a registered society under the Co-operative and Community Benefit Societies Act 2014, Registered Number: 1827 R(S), Registered Office: Leving House, Fairbairn Place, Livingston, EH54 6TN. It is a Charity registered in Scotland, Charity Number: SC011534; a Registered Social Landlord with the Scottish Housing Regulator, Registration Number: HAL 128; and registered as a Property Factor Id: PF000385.



## ADAPTATIONS AND SELF-ASSESSMENTS

## ADAPTATIONS

An adaptation is an alteration to your home which makes it easier for you, or a member of your household, to carry out everyday tasks.

Examples of simple adaptations are:

- Internal or external grabrails
- Lever taps
- Window/door lever handles
- Banisters or handrails

### WHO CAN APPLY?

If you or someone in your household is elderly or less able to manage personal and domestic tasks, or if your carer's health is at risk from assisting you, you can apply for an adaptation.

### WHO PAYS?

We receive an annual grant from the Scottish Government's Housing and Regeneration Directorate.

Properties in Edinburgh are eligible for grant funding administered by the City of Edinburgh Council and Glasgow City Council administer grants for Glasgow properties.

Some adaptations may have an ongoing service or maintenance charge, which will be included as part of your monthly rent.

We will let you know in advance if there are any maintenance costs.

Adaptations likely to have a service and maintenance charge include:

If this form is being completed by someone who is acting on household member's behalf, please provide details:

Name:

Job title:

Address:

Relationship to household member:

Contact details:

Please return to:

Horizon Housing Association

Leving House

Fairbairn Place

Livingston

EH54 6TN

## 7. OTHER AGENCIES INVOLVED

Name:

Job title:

Address:

Contact details:

Consent to contact the relevant person, if required.

### DECLARATION

Information given is true and correct.

I understand that any adaptations issued will be provided on a self-assessment basis.

I understand that if this cannot be carried out under the self-assessment process that I will need to contact my local Social Work Department for an Occupational Therapist assessment.

If you require us to assist you with this then you will need to give consent to share your information by signing on the next page.

I would like Horizon Housing Association to contact an OT on my behalf.

I consent to Horizon Housing Association processing data about any medical conditions which may impact the adaptation.

Name:

Signature:

- Automatic showering toilet (Clos-o-mat or Geberit)
- Automatic door openers
- Track and hoists
- Electric window openers
- Stairlift
- Specialist bath
- Body dryer
- Hand dryer

## WHO SHOULD YOU CONTACT ABOUT AN ADAPTATION?

Our Customer Services team is happy to advise you on the best way forward.

For complex situations, you may need to approach your local Social Work Department and ask to speak to an occupational therapist.

They will visit your home to assess your needs and discuss any adaptations required.

## WHAT IS A SELF-ASSESSMENT?

As part of the self-assessment, you need to identify daily activities where you feel unsafe or may be struggling and believe an adaptation would help.

The self-assessment form is at the end of this leaflet.

If you would like help completing your self-assessment form, please contact our Customer Services team.

If a wider assessment is required, we can assist by carrying out a site visit and, with your consent, refer you to the relevant organisation.

# SIMPLE ADAPTATION SELF-ASSESSMENT FORM

## 1. Tenant information

Who is the adaptation for?

Address

Date of birth

Telephone number

Email address

## 2. What is it you/your household member need(s) help with?

*Examples include turning on taps, opening windows or going up a small number of steps.*

## 3. From the options below, please circle how often you/your household member currently manages to perform task(s)?

Never	Rarely	Sometimes	Always
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## 4. Please give details of how your/your household member's health condition affects managing around the home:

## 5. Please give details of the adaptation required to help you/your household member manage better at home:

## 6. Please provide any other relevant supporting Information: