



APPLICATION FORM

DISABLED PERSONS GRANT LOCAL AUTHORITY PROPERTIES

WORKS TO CORK COUNTY COUNCIL PROPERTIES FOR PERSONS WITH A DISABILITY

Works may be carried out to a Local Authority property to make it more suitable to meet the housing needs of an occupant in the property who has a disability. Works may include for example:

- ground floor bedroom and or bathroom facilities,
- stair lift,
- adapt existing bathroom to suits needs of disabled person

ONCE COMPLETED PLEASE RETURN THIS FORM TO:

**CORK COUNTY COUNCIL
SOCIAL HOUSING OPERATIONS (South)**

Floor 4

County Hall

Cork

**CORK COUNTY COUNCIL
SOCIAL HOUSING OPERATIONS (West)**

Old Mill

Clonakilty

Co. Cork

**CORK COUNTY COUNCIL
SOCIAL HOUSING OPERATIONS (North)**

Council Offices

Annabella

Mallow

Co. Cork

Tenant(s) name: _____

Address: _____

Telephone No: _____ Mobile No: _____

Person with Disability

Name of person(s) with disability:

Date of Birth: _____ P.P.S. No: _____

Relationship to tenant: _____

Details of disability: _____

PLEASE ENCLOSE CONSULTANTS REPORT IF ATTENDING A CONSULTANT. PLEASE ALSO ENCLOSE AN OCCUPATIONAL THERAPIST REPORT IF AVAILABLE OUTLINING THE HOUSING REQUIREMENTS OF THE DISABLED PERSON.

Details of all persons living in property (*including applicant*):

Name	Relationship to applicant	Date of birth	Occupation (if applicable)

Is your Rent Account up-to-date: Yes / No

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom With shower	Bathroom with bath	Toilet & Sink only	Other
Downstairs								
Upstairs								

General description of proposed works:

DECLARATION

I/We declare that the information and particulars given by me/us on this application are true and correct, and I /we understand that the provision of any false or misleading statements may lead to this application being cancelled. The Council reserves the right to exclude an applicant from consideration for a Grant if he/she supplies false information or withholds relevant information on this form.

I/we undertake to notify Cork County Council immediately should there be any change from the information provided, or in my/our circumstances.

I/we also authorise Cork County Council to make necessary enquiries either written or otherwise regarding my/our application to verify information given.

I/we also authorise Cork County Council to share my information with third parties such as Occupational Therapists and Contractors in order to process and/or complete potential works regarding my/our application.

Signature of Applicant: _____ Date: _____

CERTIFICATE OF DOCTOR
DISABLED PERSONS GRANT – LOCAL AUTHORITY PROPERTY

Note to Doctor: In the form below please specify clearly in block capital letters the precise nature and effects of the applicants disability and how this affects their housing need. This information is essential as applications may be prioritised on medical grounds.

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

NAME: _____

ADDRESS: _____

WHO SUFFERS FROM: _____

NATURE AND DEGREE OF DISABILITY (in block capitals):

Level of Priority (see overleaf – please select 1 priority from list of 7): _____

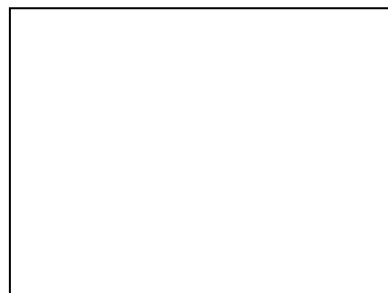
NAME OF DOCTOR: _____

ADDRESS: _____

SIGNED: _____

DATE: _____

DOCTOR'S STAMP



PRIORITISATION ON THE BASIS OF MEDICAL NEED

1. Persons who have severe disabilities and are totally dependant on cares for mobility.
2. Persons who are permanently wheelchair bound, who cannot access bedroom and bathroom facilities and have no reasonable available space on ground floor which they can use on an interim basis.
3. Persons who are permanently wheelchair bound, who cannot access bedroom and bathroom facilities and require ground floor facilities but have some ground floor facilities which they could use on an interim.
4. Persons who have severe disabilities but are not permanently wheelchair bound. Have no facilities they could reasonably occupy on an interim basis.
5. Persons who have severe disabilities but have some facilities they could occupy on interim basis.
6. Persons who have some difficulty accessing bedroom and bathroom facilities, require facilities to improve living conditions and have no reasonable available space on ground floor which they could use on an interim basis.
7. Persons who have some difficulty accessing bedroom and bathroom facilities, require facilities to improve living conditions and have some ground floor facilities which they could use on an interim basis..

OFFICE USE ONLY

EVALUATION

Date of Application: _____

Ref No: _____

Home Visit by: _____

Notes: _____

Works: _____ **Extension:** _____ **Minor Work:** _____

Description of works required: _____

Estimated Cost: _____

Categorisation & Priority _____

(Categorisation is: E = Extension M = Minor Work)

(Priority from list of 1 to 7)