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|  |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |  |

Dear

RE: Maintenance of Ceiling Track Hoist

Following the installation of the hoist funded through the Disabled Facilities Grant from …………………………………………………………………….Borough/City/District Council.

As you are now aware Kent County Council are willing to service and maintain the equipment to keep it in good working order. However, for this to take place, you need to relinquish the ownership of this equipment.

If you are willing to do this, tick the appropriate boxes below and sign and return one copy to the above office in the enclosed prepaid envelope. There is a copy for your reference.

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| 1. | I agree to relinquish the ownership of the ceiling track hoist to Kent County Council (KCC).  |  |
|  | I undertake to notify KCC* If the equipment is no longer required for my use, or
* If I intend to move
* I understand that the equipment may not be removed without KCC’s authority.
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| 2. | I do not wish to relinquish ownership of the ceiling track hoist, therefore making myself responsible for all maintenance and breakdown costs. |  |

Yours sincerely

Name

Cc: Service User file

Community Care Equipment and Services