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|  |  | **Adult Social Care and Health Enablement & Support Services  Occupational Therapy Service**  Address  Address  Kent  Post Code  Telephone:  Ask for:  Ref:  Date: |  |

Dear

**SERVICE USER/TENANT:**

**ADDRESS:**

The Occupational Therapy Service has been asked to assess the above-named person for equipment and adaptations, in relation to their disability.

As this property is owned\*/managed\* by you, I am writing to request permission to install a ceiling track hoist.

The works will be carried out by our contracted community equipment provider NRS Healthcare Services and all costs relating to provision, installation and maintenance of the hoist will be met by Kent County Council.

Should the hoist no longer be required, the County Council will be responsible for the removal of this hoist and transformer only. Any electrics or wiring relating to the installation, will not be removed, but will be made safe. Whilst every intention will be made to cause minimal disruption to the property, KCC will not be responsible for redecoration of the room.

I look forward to your earliest reply. If you require any further information, then please do not hesitate to contact me on the above telephone number or email address.

Yours sincerely

COMMUNITY OCCUPATIONAL THERAPIST

Occupational Therapy Service