**Adult Social Care and Health
Enablement & Support Services
Occupational Therapy Service**

Address

Address

Kent

Post Code

Telephone:

Ask for:

Ref:

Date:

Dear

RE: (Name of person and address)

With reference to the adaptation work for the above person I have checked the work with (Name of person) and can confirm that it satisfactory and meets his/her/their identified needs.

Yours sincerely

**Name**