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| --- | --- | --- |
| Insert full name and address including email address if sending via email |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |

Dear

**RE: Care Act 2014, Housing Act 1980, Housing Grants, Construction & Regeneration Act 1996.**

|  |  |
| --- | --- |
| **Name** |   |
| **Address** |   |
| **Telephone Number** |   |
| **Email Address**  |  |
| **Date of birth** |   |
| **Property tenure** |   |
| **Date of referral** |   |
| **Date of initial assessment** |   |

I certify that the above-named client is a person who has been assessed under the Care Act 2014.

I am writing to support Name of Client application for a Disabled Facilities Grant to finance the provision of \*\*\*\*

I consider that the provision of the above adaptation(s) is/are necessary and appropriate to Name of Client assessed need(s)

Name of Clienthas/havedifficulty with:

* List functional difficulties

I would be grateful if you could arrange to carry out a Test of Resources.

Please note: **(Delete as necessary)**

The above person is in receipt of:

* Universal Credit
* Income Support
* Income related employment and support allowance
* Income based job seekers allowance
* Guarenteed pension credit
* Housing benefit
* Working Tax Credits or Child Tax Credits

This person will need support to complete all relevant forms / will be supported by (agents name)to complete all relevant forms.

Please find enclosed the following:**(Delete as necessary)**

* Prioritisation Form
* Joint site report
* Detailed Recommendations
* Lift Quotation
* Sketch Plan
* Other Quotations

I will now be closing Name of Client case to Occupational Therapy and have advised that all further queries regarding the grant be directed to yourselves. However, to monitor the works it would be helpful if a copy of the following could be sent to the Occupational Therapy via Insert local BST email address

1. Outcome of the Preliminary Test of Resources
2. Schedule of Works/Plans for checking
3. Grant approval letter/ Date for commencement of works

Yours sincerely

Your Name/Job Role

Cc: Client / Agent