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

Dear

RE: Disabled Facilities Grant Support

I enclose a copy of my grant support letter/recommendations which have been sent to (Name of Council) for the provision of (adaptation) at your home.

Please note that no work should commence until your grant approval has been received from the Council.

In the meantime, if you have any queries regarding your Disabled Facilities Grant application please contact:

 (Name and telephone number of HIA/Surveyor/Keyworker) or

 (Name and telephone number of Grants Officer at BC/ CC/ DC)

Your case will now be closed to the Occupational Therapy Service. If however, your situation changes and you require further assessment, please contact uson **03000 416161** or **www.kent.gov.uk** to make a new referral.

Yours sincerely

**Name**

Encl:Grant support letter/recommendations

Cc: Grants Officer / Agency