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| --- | --- | --- | --- |
| Include full name and address, include email address if sending via email. |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressAddressKent PostcodeTelephone: Ask for: Ref: Date:  |  |

Dear \*\*\*\*

**RE: Recommendations for Adaptations/Rehousing by**  **Name of Council / Name of** **Housing Association**

I am writing to confirm that recommendations for adaptations/rehousing have now been sent to Name of Council / Name of Housing Association and your case will now be closed.

Please direct any further queries about these recommendations toName of person/department at Name of District Council / Name of Housing Association on Telephone Number

USE FOR MAJOR ADAPTS ONLY - DELETE IF NOT REQUIRED. When you have a date for the works to commence, please contact us on (Insert Man Team BST Phone Number) to enable us to check that the completed works meet your assessed needs.

If, however, your situation changes and you require further assessment, please contact us on **03000 416161** or **www.kent.gov.uk** to make a new referral to Kent County Council.

Yours sincerely

Your Name/Job Role

Encl. Housing Needs Assessment / Supporting Letter / Recommendation for Adaptation