|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Adult Social Care and Health**AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |  |

Dear

|  |  |  |
| --- | --- | --- |
|  |  |  |

**The following person is considered eligible for care and support under the Care Act 2014.**

|  |  |
| --- | --- |
| **Name** |   |
| **Address** |   |
| **Telephone Number** |   |
| **Date of birth** |   |
| **Registration number** |   |
| **Social Situation** |   |

It is considered necessary and appropriate to Name of Client assessed needs as he/she/they has difficulty with:

* List functional difficulties

Please arrange for the following work to be carried out at the above property

|  |
| --- |
| **Adaptations Required** (Details of Adaptations) |

I will now be closing Name of Client case to Occupational Therapy and have advised that all further queries regarding the adaptations be directed to yourselves.

USE FOR MAJOR WORKS ONLY (or detele from final letter)

However, in order to monitor the works, it woukd be helpful if a copy of the following could be sent to the Occupational Therapist via (insert OPPD PISI Team Mailbox email)

1. Schedule of Works/Plans for checking

2. Date for commencement of works

## Yours sincerely

Your Name/Job Role

Cc: Client