

**Additional Needs and Disability Adaptations (ANDA) Assessment Form**

**For completion by an OT or similarly qualified medical professional.**

**Please assess the Occupant’s *current* housing requirements. Please note we will only consider adaptations required for up to a maximum of 3 years, however we are happy to review the requirement if there is a change of circumstance.**

|  |  |
| --- | --- |
| **Date of Assessment:** | Click or tap to enter a date. |
| **Name of Occupant:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Telephone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. |
| **Household composition:** (include ages of any family members) Click or tap here to enter text. |
| *If other household members have housing needs, a separate ANDA Assessment Form should be completed for each person.* |
| **Brief details of functional difficulties:** Click or tap here to enter text. |
| **Does the Occupant use a Wheelchair or other mobility equipment?** [ ] Yes [ ] No |
| What type of wheelchair or mobility equipment does the occupant use? [ ] Attendant push wheelchair [ ] Self propelled wheelchair [ ] Electric wheelchair [ ] Scooter [ ]  Other, please state: Click or tap here to enter text. |
| Wheelchair or mobility equipment dimensions and turning circle: Click or tap here to enter text. |
| If a wheelchair is used, how often is it used? [ ] All the time indoors [ ] All the time outdoors [ ] Occasionally indoors [ ] Occasionally outdoors |
| If a wheelchair is used occasionally, does the Occupant have a disability that, within 3 years, may require wheelchair use all the time? [ ] Yes [ ] No [ ] Unable to determine at time of assessment |
| **External Access** |  |  |  |
| Is level access into the property essential? [ ] Yes [ ] NoMaximum height of steps (mm): Click or tap here to enter text.Maximum number of steps: Click or tap here to enter text.Maximum gradient of any ramps: Click or tap here to enter text.Minimum width of external doorways (mm): Click or tap here to enter text.Is parking required? [ ] Yes [ ] NoIs level access to the garden essential? [ ] Yes [ ] NoAdditional requirements or information: *eg storage for mobility scooter*, Click or tap here to enter text. |
| **Internal Access** |  |  |  |
| Is level access between rooms in the property essential? [ ] Yes [ ] NoMinimum width of doorways (mm): Click or tap here to enter text.Is the Occupant able to negotiate stairs? [ ] Yes [ ] NoAdditional information regarding stair mobility: Click or tap here to enter text.Is the Occupant able to negotiate steps? [ ] Yes [ ] NoAdditional information regarding ability to negotiate steps: Click or tap here to enter text.Is the Occupant able to use a stairlift? [ ] Yes [ ] NoIs the Occupant able to use a through floor lift? [ ] Yes [ ] NoIs it essential the occupant is on the same floor as the rest of the family? [ ] Yes [ ] NoPlease tick which rooms the Occupant will need to access: [ ] Kitchen [ ] Toilet [ ] Bathroom [ ] Living room(s) [ ] Own bedroom [ ] Other, please specify Click or tap here to enter text.Additional requirements or information: *eg through floor lift and/or stairlift specification including max* load: Click or tap here to enter text.*Please note we do not allocate additional rooms for therapy/sensory/etc rooms however we will try to ensure there are separate dining and living rooms so the family can use the space flexibly to meet their specific needs.* |
| **Kitchen** |  |  |  |
| Will the occupant be using the kitchen? [ ] Yes [ ] NoWhat *specific* features will be required for them to do so? Click or tap here to enter text.Additional requirements or information: Click or tap here to enter text. |
| **Bathroom** |
| Does the Occupant need their own bathroom? [ ] Yes [ ] NoIs the Occupant able to use a bath? [ ] Yes [ ] NoIs a shower essential? [ ] Yes [ ] NoDoes the Occupant require specific bathroom facilities? [ ] Yes [ ] No If yes, please indicate requirement:[ ] Level access shower/wet room [ ] Low threshold shower [ ] High/low bath[ ] Wheelchair accessible toilet [ ] Automatic cleanse/dry toilet [ ] Wheelcair accessible hand wash basin [ ] Lever taps [ ] Circulation space for wheelchair/wheeled shower chair[ ] Space required in bathroom for use of specialist equipment *eg a ceiling track hoist*. Please specify: Click or tap here to enter text.Additional requirements or information: Click or tap here to enter text. |
| **Toilet** |  |  |  |
| Is more than one toilet required? [ ] Yes [ ] NoSupporting reason: Click or tap here to enter text.Additional requirements or information: Click or tap here to enter text. |
| **Bedroom** |  |  |  |
| Is it essential for the Occupant to have a separate bedroom? [ ] Yes [ ] NoSupporting reasons: *eg use/storage of specialist equipment* Click or tap here to enter text.Is space to accommodate a ceiling track hoist required? [ ] Yes [ ] NoAdditional requirements or information: Click or tap here to enter text. |
| **Additional requirements or information:** Click or tap here to enter text. |
| **Summary of essential features of property:** Click or tap here to enter text. |
| **Declaration***I have assessed the Occupant’s current housing needs and the adaptations annotated above are considered necessary and appropriate.*Signed: Click or tap here to enter text.Name: Click or tap here to enter text. Job Title: Click or tap here to enter text.Address: Click or tap here to enter text.Telephone: Click or tap here to enter text. Email: Click or tap here to enter text. |
| **Occupant’s Information Sharing Consent** *I consent to the information provided in this assessment to be processed and shared with DIO and its contractors. I understand this information will be used for the provision of ANDA only.*Signed: Click or tap here to enter text.Date: Click or tap to enter a date. |