

**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 No  Maximum 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 No  Is level access to the garden essential? Yes No  Additional 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 No  Minimum width of doorways (mm): Click or tap here to enter text.  Is the Occupant able to negotiate stairs? Yes No  Additional information regarding stair mobility: Click or tap here to enter text.  Is the Occupant able to negotiate steps? Yes No  Additional information regarding ability to negotiate steps: Click or tap here to enter text.  Is the Occupant able to use a stairlift? Yes No  Is the Occupant able to use a through floor lift? Yes No  Is it essential the occupant is on the same floor as the rest of the family? Yes No  Please 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 No  What *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 No  Is the Occupant able to use a bath? Yes No  Is a shower essential? Yes No  Does 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 No  Supporting 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 No  Supporting reasons: *eg use/storage of specialist equipment* Click or tap here to enter text.  Is space to accommodate a ceiling track hoist required? Yes No  Additional 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. | | | |