

Once Off Adaptation  
Works for Special Needs  
Local Authority Tenants  
Application Form



Cork  
City Council  
Comhairle Cathrach Chorcaí

## **Important information**

It is important that you read the below information carefully.

Make sure that you have answered all of the questions fully where these are relevant to you and ensure that the medical report is completed by your doctor. Please note that only fully completed applications will be processed.

### **General Information**

An application to adapt a Council house can be made by a tenant for the purpose of carrying out works that are reasonably necessary to render a house more suitable for the accommodation of a person with a disability.

### **Definition of Disability**

Disability has been defined as a “substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.”

To confirm your disability, your GP must complete Part B on the application form and the Council will arrange for an occupational therapist home visit to assess your housing need. The Council may seek further information from your GP, other medical professionals, or disability services, if required, to assess your housing need.

### **Who May Apply?**

The person with a disability must be the tenant, joint tenant, or member of the household whose residence in the dwelling has been approved by the Council and who is declared in the differential rent form for the purpose of rent assessment. The person with the disability must occupy the property as his or her normal place of residence, for a minimum period of two years before applying for adaptation works, unless circumstances have changed to the extent that the property no longer meets an accommodation requirement arising from the enduring physical, sensory, mental health or intellectual impairment of a household member which has changed since the tenancy was accepted.

To qualify for adaptations, tenant cannot have rent arrears in excess of 4 weeks rent. If the rent account is in arrears, the tenant must have agreed to a payment plan with the Rents Section and must have been compliant with the payment plan for a continuous period of 12 months prior to making an application and arrears must be cleared. If you wish to submit an application and your rent account is currently in arrears, please contact the Council’s Rents Section to resolve the matter prior to applying.

## **Prioritisation**

Applications may need to be prioritised on the basis of the medical needs of the applicant. There are three general levels of medical priority identified.

- Priority 1      Terminally ill or fully / mainly dependent on family or carer, or, where adaptations would facilitate discharge from hospital, or, alleviate the need for hospitalisation in the future.
- Priority 2      Mobile, but needs assistance in accessing washing, toilet facilities or bedroom etc. or where without adaptations the disabled person's ability to function independently would be hindered.
- Priority 3      Independent but requires special facilities to improve the quality of life e.g. separate bedroom / living space.

**The works allowable under the adaptations scheme** for a person with a disability can be varied and may include the provision of:

- Access Ramps
- Accessible Showers
- Downstairs Toilet Facilities
- Stair Lifts
- Adaptations to facilitate wheelchair users
- Extensions for ground floor facilities

Provision of adaptation works is subject to survey, feasibility, cost-effectiveness, budget, and decision by the Council.

## **Moderate Adaptations**

Moderate adaptations include work such as provision of access ramps, stair lifts and accessible showers in the existing bathroom and rails

## **Significant Adaptations**

Significant adaptations include works such as provision of extensions and major internal adaptations. In order to ensure the best use of its housing stock the Council will protect its dwellings, where significant adaptations such as extensions and/or considerable internal modifications have been carried out, for future disability use. Therefore, following completion of the adaptation works these dwellings will be deemed special needs dwellings and will remain in the ownership of Cork City Council and cannot be purchased by the tenant, or any other person, under any Tenant Purchase Scheme, Incremental Purchase Scheme or any other Department Scheme.

A succession to the tenancy of these dwellings **will only be permissible if the person requesting succession requires an adapted dwelling**. In situations where member of the household no longer requires an adapted dwelling the Council will allocate an alternative dwelling suitable for his or her adequate housing.

### **Transfers**

The Council will always consider the most cost-effective option to address the housing needs of the disabled person, which includes transfer to a more suitable dwelling. In situations where, following the adaptations, the dwelling would be under-occupied or continue being overcrowded, or where the required adaptations are not considered cost-effective the Council will seek to transfer the applicant to more suitable accommodation.

### **Use of your information**

Personal and medical information obtained in your application form and in connection with the assessment of the application will be used for the following purposes.

- Assessing your application
- Processing your application
- Determining the required adaptations
- Providing the required adaptations

### **Sharing your information**

Personal information provided in connection with the application for adaptations may be shared with the below.

- Your personal and medical information in the application form and / or medical information provided by other means will be shared with the Council's occupational therapist for the purpose of assessing your accommodation requirements.
- Your name, address and telephone number, recommendations made by the occupational therapist and the consent form signed by you will be shared with Council's housing technical section for the purpose of planning and carrying out the adaptation works.
- Your name, address and telephone number may be shared with an external contractor for the purpose of tendering and carrying out of adaptation works.

<b>PART A</b>		<b>PERSONAL DETAILS</b>	
TENANT		JOINT TENANT	
NAME		NAME	
DOB		DOB	
PPSN		PPSN	
ADDRESS		ADDRESS	
CONTACT NO:		CONTACT NO:	
E-MAIL		E-MAIL	

- Following completion of significant adaptations your consent form, if applicable, will be shared with Council's Rent Section and a copy will be placed in your tenancy file.
- Should you apply for transfer to more suitable accommodation instead of adaptation works, your medical information and occupational therapist assessment report may be shared with the Housing Allocations Section for the purpose of processing your transfer application.

Cork City Council may, in order to fulfil statutory or regulatory obligations, or in the public interest, from time to time, be required to have to share personal data with other organisations or entities.

### **Storage of your information**

Your application form, information obtained in connection with the assessment of the application and all correspondence will be stored in your Disabled Persons Adaptations hard file and an electronic file. Access to your hard file and electronic file is restricted to approved staff members only.

Personal information and required adaptations will be entered into the database for disabled person's adaptations for analysis and storage. Access to the database is restricted to approved staff members only.

**DESCRIPTION OF DWELLING**

TWO STOREY  BUNGALOW  APARTMENT  OTHER

DETACHED  SEMI-DETACHED  END TERRACE  MID TERRACE

LIVING ROOM  KITCHEN  BATHROOM  TOILET

**BEDROOMS**  WATER SUPPLY  CENTRAL HEATING   
**SPECIFY NO**  
**REQUIRED** HOT & COLD

How long has she / he been living at the address \_\_\_\_\_

Is the Disabled Person permanently residing at this address: Yes  No

**DETAILS OF ALL OTHER PERSONS LIVING IN THE PROPERTY**

NAME	DOB	PPSN	RELATIONSHIP TO APPLICANT

Give a brief description of proposed adaptation:

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How would the proposed adaptations improve your circumstances:

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**PART B**

**TO BE COMPLETED BY DOCTOR**

**PLEASE USE BLOCK CAPITALS**

Name \_\_\_\_\_

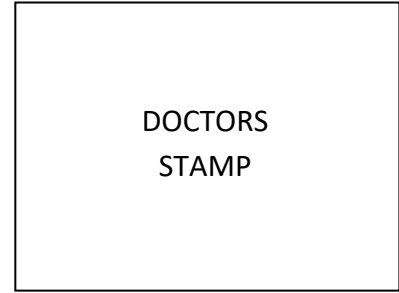
Address \_\_\_\_\_

\_\_\_\_\_

Name of Doctor \_\_\_\_\_

Signed (Doctor) \_\_\_\_\_

Date \_\_\_\_\_



In order to process this application, it is essential the Cork City Council is provided with the necessary medical information. We would be grateful for your response to the following:

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prognosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Client suffer from any of the following? (Please Tick)**

Epilepsy/Blackout    Yes     No   
Confusion / Dementia    Yes     No   
Psychiatric Problems    Yes     No

Severe Dizziness    Yes     No   
Visual Problems    Yes     No



**PART C DECLARATION BY TENANT(S) & DISABLED PERSON**

I / we declare that I / we have read and understood the information provided in this application form.

I / we declare that the information and particulars given by me / us on this application form are true and correct.

I / we give consent to seeking further information from my /our GP, other medical professional or disability services, if required, for the purpose of assessing my / our housing need. I / we give consent for an occupational therapist assessment and for the forwarding of my / our medical information to the occupational therapist.

Signed: \_\_\_\_\_  
Tenant Joint Tenant

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Person with a disability, if other than Tenant or joint tenant Parent / Guardian of a child with a disability

Date: \_\_\_\_\_

Please ensure that the ALL parts of the application form are fully completed and that the Medical Certificate is signed and stamped by your Doctor. Please note that incomplete applications will be returned.

## CHECKLIST

Completed form

Doctors Certificate

Tax Clearance Certificate\*

Utility Bill / Govt. Body Document  
(showing name & address)

Rent Account up to date

\*A copy of your Tax Clearance Certificate demonstrating to us that your tax affairs are in order must be submitted with the application form. You can obtain this online at Web: [www.revenue.ie](http://www.revenue.ie) or you can call the Revenue Commissioners on Tel: (01) 738 3663 for more information on how best to obtain your Tax Clearance Certificate. Revenue is open Monday to Friday, 9.30am to 1.30pm.

### Postal Address:

Housing Loans and Grants  
Ground Floor  
Cork City Council  
City Hall  
Anglesea Street  
Cork  
T12 T997

### Phone:

(021) – 4924000

### Email:

[housinggrants@corkcity.ie](mailto:housinggrants@corkcity.ie)