|  |  |  |
| --- | --- | --- |
| **Dover District Council**  (Adaptations Team)  Property Services Housing Asset Team  White Cliffs Business Park  Dover  CT16 3PJ |  |  |
|  | Ask for: | OT details |
|  | Our ref: |  |
|  | Date: |  |



## Dear Adaptations Team

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone number |  |
| NoK/Alternative contact number |  |
| Date of birth |  |
| Social Situation | Please state property type – to include bedroom number and floor level if client lives in a flat |
| Date of referral |  |
| Date of initial assessment |  |

The following adaptations are considered necessary and appropriate to clients name assessed needs as he/she has difficulty with:

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

|  |
| --- |
| **Adaptations required**: |

## Yours sincerely

OT name

Contact details