

Dublin City Council
Comhairle Cathrach Bhaile Átha Cliath

HOUSING, SOCIAL & RESIDENTIAL SERVICES

**APPLICATION FOR THE CONSTRUCTION OF AN EXTRA ROOM
OR THE MAKING OF STRUCTURAL ALTERATIONS
FOR THE PROPER ACCOMMODATION OF A
DISABLED PERSON FOR TENANTS OF DUBLIN CITY COUNCIL**

Address: _____

Phone: _____

Details of all persons living in dwelling including disabled person

Name	D.O.B	PPSN No	Relationship to Tenant

Number and description of rooms in dwelling

	Livingroom	Diningroom	Kitchen	Bedrooms	Toilet	Bathroom
Upstairs						
Downstairs						

Name of disabled person: _____ Age: _____ Phone: _____

Nature of disability _____

(Doctors certificate at the end of this form must be completed)

Details of treatment being received (if any): _____

How long has he /she been disabled?: _____

Is the disabled person living at the above address?: _____

How long has he/she been living at this address?: _____

Previous address: _____

Proposed works

Description of the work required: _____

Has any previous application for grant aid or assistance for the building of an extra room or the making of structural alterations to any dwelling been approved by a Local Authority for the above disabled person? (give details if any).

Have any alterations previously been made to this dwelling for a disabled person?

I acknowledge and accept that in the event of me wishing to purchase this house, the nett cost of the work updated in accordance with the terms of the sales scheme current at the time will be added to the cost of the house itself.

I authorise Dublin City Council to contact any medical person, doctor, consultant etc. involved in my case.

Signature of tenant: _____ Date: _____

Doctors certificate for completion



Name & Address and Age of Disabled person

Age:

The alterations are necessary because _____

Detailed prognosis of the nature and extent of the disability with particular reference to mobility of the applicant and his/her future prognosis _____

Please indicate the appropriate category for the above named applicant based on the following criteria

Priority level 1-High level of need

Disabled person at risk unless alterations are carried out.
Alterations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future.
Applicants with terminal illness or presenting with a rapid progression of a degenerative condition.

Please tick box

Priority level 2-Moderate level of need

Without the alterations the disabled persons ability to function independently would be severely hindered.

Priority level 3-Reduced level of need

The alterations would enhance the disabled persons quality of life/living conditions.

In which Community Care Area does the applicant live?

Is there a Regional Authority/Occupational Therapist already involved in this case? If so give details.

Do you consider that an Occupational Therapist opinion is: Desirable

Not Essential

I recommend that the following alterations be carried out to the above dwelling:

As an alternative the following alterations would benefit the applicant:

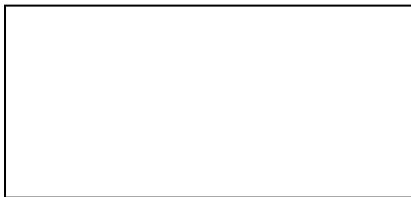
Doctor's name: _____

Doctor's address: _____

Signed: _____ Date: _____

Telephone No: _____ Fax No: _____

Doctor's stamp



(Please note that application form is invalid unless stamped)

Important Notes

- This form is for use by tenants of Dublin City Council applying for alterations to their home on grounds of disability.
- This form must be fully completed, incomplete forms will be returned.
- PPS number of both the tenant and the disabled person must be completed on this application form.
- This form must be signed in the appropriate place.
- Doctor's certificate must be completed in full and stamped.

Should you require assistance in completing this application form please do not hesitate to contact this office.

*Dublin City Council
Housing Maintenance Section
Block 2, Floor 3
Civic Offices
Christchurch
Dublin 8*

*Telephone Numbers: 222 3678
222 2610

222 5009

Fax Number: 222 2487*