

# Accommodation Questionnaire



All applicants must complete this form.

## ACCOMODATION DETAILS

a) What type of home do you live in?

Block of Flats  Detached  Semi-detached  Sheltered Housing   
Terraced  Other

If 'Other', say what type

b) Are there one or more steps to enter your home/accommodation?

Yes  No

If 'Yes', please tell us approximately how many steps:

c) Do you currently have a ramp at the property?

Yes  No

If you live in a flat, on which floor do you live?

d) Do you have a lift in your building?

Yes  No  Not applicable

e) Do you think you have the space in your home to store and charge a Scooter or Powerchair?

Yes  No  Unsure

If you have answered 'No' or 'Unsure', please tell us if there is somewhere outside your home where a Scooter or Powerchair could be safely stored such as a garage or communal area:

# Doctor, Occupational Therapist and Carer Contact Details



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It may be necessary for ScootAbility to consult your Doctor, Occupational Therapist or Carer to provide further information. You will be notified in writing if any clarification is required. We may need to consult with your Occupational Therapist should we need to carry out home adaptations to your property. Any information provided by your Doctor, Occupational Therapist or Carer will only be used to process your ScootAbility application.

## CONTACT DETAILS

### Doctor, Occupational Therapist and Carer details

a) Please provide the full name and address of your GP

Doctors Name:	
Surgery:	
Address:	
Postcode:	Phone Number:

b) Do you have an Occupational Therapist?    Yes        No   

If you have said 'Yes', please provide the following details:

OT's Name:	
Address:	
Postcode:	Phone Number:

a) Do you have a carer that you would like present during your assessment?

Yes     No

If you have said 'Yes', please provide the following details

Carers Name:	
Address:	
Postcode:	Phone Number: