

Specifications for Through Floor Lift

HULL CITY COUNCIL

All specifications on this form are necessary and appropriate to meet assessed needs

This form must be completed and attached to the relevant recommendation form
(Adaptations to Council Dwelling / Disabled Facilities Grant)
on Liquid Logic and both forms emailed to Private Housing or Housing Adaptations Team

Details

Customer name:

Address:

Contact details:

Weight:

kg

OR

st

lbs

Height:

cm

OR

ft

inches

Seat

Fold up

Perching

With arms

Wheelchair user – no seat required

Service User in wheelchair details

Overall length

mm

Overall width

mm

Minimum space required in lift compartment

mm

x

mm

Wheelchair details

Self propelling

Assisted

Powered

Wheelchair weight

kg

Combined weight – wheelchair plus person

kg

Lift details

Door

manual

powered

In-lift communication

lifeline

mobile phone

landline

Additional Information

Completed by

Name: Contact Number: Ext: Date:

Approval by Social Services OT (for social services OT approver use only)

Name: Contact Number: Ext: Date: