Specifications for Stair 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 |

|  |  |  |
| --- | --- | --- |
| Measurement from back of hip to front of knee or tips of toes, whichever is greatest |       | mm |

Cognitive impairment Yes [ ]  No [ ]

Positive risk assessment Yes [ ]  No [ ]

Capacity Yes [ ]  No [ ]

Best interest decision Yes [ ]  No [ ]

**How will they get help in an emergency**

Does not live alone [ ]

Always carries a mobile phone [ ]

Wears a lifeline [ ]

Will need two-way communication [ ]

Other [ ]  specify below

|  |
| --- |
|       |

**STAIR LIFT DETAILS**

Stair width at narrowest point:       mm

**Sta****irs Type**

Straight [ ]

Curved / turn [ ]

Split with middle landing [ ]

**Seat Swivel**

Manual [ ]

Automatic [ ]

**Seat Height – Footplate to Seat**

470 mm standard [ ]

Bespoke [ ]        mm

**Track**

Hinge [ ]

Slide [ ]

**Controls**

Standard [ ]

Bespoke – specify [ ]

R/H [ ]

L/H [ ]

**Location**

Right ascending [ ]

Left ascending [ ]

No preference [ ]

**Footplate**

Manual [ ]

Linked (not possible on all models) [ ]

Additional information *including any bespoke requirements not listed above*

|  |
| --- |
|       |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |