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: |  | Contact  Number: |  | Ext: |  | Date: |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Contact  Number: |  | Ext: |  | Date: |  |