



Comhairle Contae Chill Dara

Kildare County Council

APPLICATION FOR ALTERATIONS ON MEDICAL GROUNDS FOR COUNCIL TENANTS UNDER THE DISABLED PERSONS GRANT SCHEME

Please answer all the following questions using BLOCK CAPITALS.

Details of who the grant is for:

Name

Address

Eircode

Date of Birth

PPS Number

Email Address

Contact Phone
Number

Please tell us the number of different rooms in the home:

	Bedrooms	Bathrooms	Living	Dining	Kitchen	Other
Upstairs						
Downstairs						

List the details of the work you want to get done in your home:

Details of dependents in the household:

In the table below, please include the details of all dependents living in the household

Please include the person who the grant is for (if it applies)

[illegible]



Comhairle Contae Chill Dara Kildare County Council

Doctor's Certificate

Your Doctor must complete this section:

Disabled Person's Grant Scheme

Details of the person who the grant is for

Please answer all the following questions using BLOCK CAPITALS

Name

Address

Condition(s)
Person suffers
from

Nature and
degree of
disability or
mobility problem

Are they a full-time wheelchair user?

☐ Yes

☐ No

Doctor's Certificate (continued)

To help decide how urgent the application is, please tick ☒ the appropriate box:

Priority 1:

- The person is terminally ill or fully/mainly dependent on family or a carer; or ☐
- Adaptations to the home would help them leave hospital/residential care, or reduce the need for hospitalisation in the near future. ☐

Priority 2:

- The person is mobile, but they need help to access washing, toilet facilities, bedroom, and so on; or ☐
- The person's ability to function independently would be harder without the adaptations. ☐

Priority 3:

- The person is independent, but they need special facilities to improve their quality of life such as a separate bedroom or living space. ☐

Details of Doctor:

Name of
Doctor

Address

Phone

Signed: _____

Date: _____

Doctor's
Stamp



Comhairle Contae Chill Dara
Kildare County Council

GDPR – CONSENT FORM

Date: _____

Name: _____

Address: _____

To process this application please note that we may share your personal data (information and Occupational Therapists Report) within Kildare County Council's Housing Department.

I hereby consent to the above.

Signature: _____

Data Protection

By law, applicants must provide certain personal data in this form, so we can do our work. We treat all information and personal data provided as confidential. We do this in line with the General Data Protection Regulation and Data Protection legislation.

To process this application, please note that we may share your personal data (information) with the Department of Housing, Planning and Local Government and with occupational therapists.

You can read the details of our Data Protection Policy and Privacy Statements on your local authority website. The policy explains how and why we will use personal data and provide information about your rights as a data subject. The policy is also available in paper format if you request it from your local authority office.

Declaration

I declare that the information and details I have given on this application are true and correct.

Signature

Date:

Completed application forms should be returned to:

**Housing Grants Section
Kildare County Council
Aras Chill Dara
Devoy Park
Naas
Co. Kildare**

**If you have any queries, please phone 045 980480 or email
housinggrants@kildarecoco.ie**