

**MOBILITY AIDS GRANT SCHEME
2017 APPLICATION FORM**

The Mobility Aid Grant will only be a contribution toward the total cost of the works.
Any shortfall between the amount of grant offered, and the works invoiced is to be met
by the applicant

CLOSING DATE 22nd March 2017



**Please read the attached conditions prior to completing this
form**

All questions must be answered

**Please write your answers clearly in BLOCK CAPITAL
LETTERS**

**Works must not commence prior to receipt by the Local Authority of the
grant application and written approval from the Local Authority**

**The person for whom the grant is sought must occupy the house as his/her
normal place of residence**

Checklist

Please ensure that the following documentation is included in the application for grant aid:

- Fully completed application form (MAG 1);
- Completed G.P. Medical report (MAG 2);
- Completed Tax Form (MAG 3);
- Evidence of Local Property Tax Payment or Registration
- Evidence of Household Income from all sources – this includes all residents in the home (SEE PAGE 9)
- Occupational Therapist’s report (unless applying to change existing bathroom to walk in shower)
- Two written itemised quotations detailing the cost of the proposed works and a copy of the Contractors Valid Tax Clearance Certificate – this must include an itemised price index of works required following Occupational Therapist recommendation (unless applying only to change existing bathroom to walk in shower).
- If you are applying for bathroom works you MUST submit a scaled drawing showing dimensions and existing locations of your current bathroom suite in the bathroom that you wish to convert

Please note that the final amount payable to you will be based on the invoice received

PAYMENT WILL BE BY ELECTRONIC FUND TRANSFER TO THE APPLICANT ONLY. A BANK ACCOUNT IS REQUIRED IN ORDER FOR THE FUNDING TO BE PAID DIRECTLY INTO YOUR BANK ACCOUNT

PLEASE NOTE:
IMCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT

Applicant: _____

Address: _____

Email Address: _____ **EIRCODE** _____

PPS No: Applicant One: _____ **Applicant Two:** _____
(if joint applicants are applying)

Telephone No: _____ **Mobile No:** _____

Date of Birth: _____

Occupation: _____

Name of person for whom grant aid is sought (if different from Applicant):

Relationship to Applicant: _____

Other Contact Name: _____
(e.g. Son, Daughter, Neighbour)

Relationship to Applicant: _____ **Telephone No:** _____ **Email:** _____

Name of the owner of the property to which the proposed adaptation works are to be carried out:

Gross Annual Household Income: € _____
(please refer to explanatory note 3 below)

I declare that the above amount is my only source of income:

Signed: _____

Please state whether the property is:

- a) Privately owned
- b) Privately rented
- c) Local Authority owned

Is the person with the disability residing at the address above: _____

How long has s/he been living at this address: _____

Name and address of General Practitioner: _____

(Please note that the attached doctors certificate must be completed by your G.P. and returned with this application form)

Details of all persons living in property for which grant aid is sought *(including applicant and/or person with a disability)*

Name	Relationship to applicant	Date of birth	Gross Income (previous tax year)	Occupation (if applicable)

If you are in receipt of a private pension from Ireland or any other country please submit proof (if applicable)

Number and description of rooms in the dwelling:

	Bedrooms	Living	Dining	Kitchen	Bathroom	Toilet
Upstairs						
Downstairs						

General description of proposed works:

How do you propose to fund the balance of costs: _____

Has a Disabled Persons Grant, Housing Adaptation Grant or Mobility Aids Housing Grant been paid previously in respect of the same premises or person? If yes, please give details and dates of works carried out:

Signature of Applicant: _____ **Date:** _____

Completed application forms should be returned to:

The Housing Section, Wicklow County Council, Station Road, Wicklow Town

DECLARATION

An applicant may be excluded from consideration for a Mobility Aids Housing Grant if he/she supplies false information or withholds relevant information.

I/We undertake to inform Wicklow County Council of any changes in circumstances since the date of application.

I/We hereby declare that the foregoing information is correct and I/We apply to Wicklow County Council for a Mobility Aids Housing Grant.

I/We hereby authorise Wicklow County Council to make any official enquiries necessary to process this application.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Partner: _____ Date: _____

MAG2

CERTIFICATE OF DOCTOR

MOBILITY AIDS HOUSING GRANT SCHEME

I hereby certify that the proposed works on the attached application form are necessary for the proper accommodation of:

NAME: _____ **Date of Birth:** _____

ADDRESS: _____

WHO SUFFERS FROM: _____

DESCRIPTION OF MOBILITY PROBLEM: _____

NAME OF DOCTOR: _____

DOCTOR'S STAMP

ADDRESS: _____



SIGNED: _____

DATE: _____

Tax requirements in respect of Mobility Aids Housing Grant Scheme

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Address: _____

PPS Number: _____

Tax District dealing with your tax affairs: _____

I hereby confirm that to the best of my knowledge my tax affairs are in order and I am registered for Local Property Tax

Signed: _____ Date: _____

- * In the case of persons paying income tax under PAYE, or those in receipt of social welfare payments, please quote your PPS Number;
In the case of self-employed persons please quote the number on your return of income.

In the case of a grant application totalling €10,000 or more, applicants are required to produce a valid Tax Clearance Certificate. The application form for a Tax Clearance Certificate is available from the Revenue Commissioner's website, www.revenue.ie. Alternatively applicants can request an application form from their local Revenue District

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _____

Address: _____

Tel: _____

Tax District dealing with your tax affairs: _____

C2 No:/Tax Clearance No: _____ Expiry Date: _____

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _____

Address:

Tel: _____

Income Tax serial number: _____

Tax District dealing with your tax affairs: _____

C2 No:/Tax Clearance No: _____ Expiry Date: _____

Conditions of Scheme

Types of Housing

The Mobility Aids Grant Housing Scheme may be paid, where appropriate, in respect of works carried out to:

Owner Occupied housing

Houses being purchased from a local authority under the tenant purchase scheme

Private rented accommodation

Accommodation provided under the voluntary housing Capital Assistance and Rental Subsidy Schemes

Accommodation occupied by persons living in communal residences

Such provisional approval is subject to (i) the availability of funds (ii) completion of works to the Council's satisfaction (iii) Compliance with Building Regulations and (iv) obtaining appropriate permission under the relevant planning legislation if required

1. Purpose of Grant

The Mobility Aids Housing Grant is available to cover a basic suite of works to address mobility problems, primarily, but not exclusively, associated with ageing. The works grant aided under the scheme include:

- Grab-rails;
- Access ramps;
- Level access showers;
- Stair-lifts; and
- Other minor works deemed necessary to facilitate the mobility needs of a member of a household.

To accept a grant application Wicklow County Council requires an Occupational Therapist report for all work except for the conversion of an existing bathroom into walk-in shower facilities.

In the case of bathroom conversions an Inspection may request a report after initial inspection

2. Level of Grant

The effective maximum grant is €6,000, which may cover 100% of the cost of works. The grant is available to households whose gross annual household income does not exceed €30,000.

3. Household Income

Household income is calculated as the annual gross income of all household members over 18 (or over 23 if in full time education) in the previous tax year

In determining gross household income local authorities shall apply the following disregards:

- Domiciliary Care Allowance;
- Respite Care Grant;
- Carer's Benefit / Allowance (where the Carer's payment is made in respect of the person for whom the application for grant aid is sought).
- €5,000 for each member of the household aged up to age 18 years
- €5,000 for each member of the household aged between 18 and 23 years and in full time education of engaged in a FAS apprenticeship
- €5,000 where the person from whom the application for grant aid is sought, is being cared for by a relative on a full-time basis
- Child Benefit
- Early Childcare Supplement
- Family Income Supplement

4. Evidence of household income

The following evidence of income must be included with all applications:

- In the case of PAYE workers, P60 and P21 or Balancing Statement for the previous tax year;
- In the case of self-employed or farmers, Current Notice of Income Tax Assessment form, together with a copy of audited accounts for the previous tax year;
- In the case of social welfare recipients, a statement from Social Welfare stating weekly/annual payments.
- In the case of State Pensioners a receipt from the Post Office will suffice or P21 Balancing Statement. If you are in receipt of a private pension proof will be required
- In the case of earning from savings and investments, a certificate of interest or a dividend certificate

5. Tax Requirements

In the case of contractors engaging in work for the Mobility Aid Grant Scheme a current Tax Clearance Certificate or a C2 Card issued by the Revenue Commissioners must be submitted with the estimate for the required works

6. Appeals Procedure

In processing applications under the Mobility Aids Housing Grant Scheme the authority recognises that some applicants may be dissatisfied with the authority's decision. The authority will give every applicant an appeal mechanism, which will allow him or her to have the decision in his or her case reconsidered by another official.

The following procedure shall apply to each appeal:

Applicants are invited to submit a written appeal on any decision notified to them by the local authority on their application within 3 weeks of the date of the decision stating the reasons for the appeal. The appeal will be considered and adjudicated upon within 4 weeks of receipt. A decision on an appeal will be notified to each applicant within 2 weeks of the decision being made.

**PLEASE KEEP
AND
SHOW THIS
TO YOUR
CONTRACTOR**

General Guidelines for Grant Aided Works **Mobility Aids Grant Scheme.**

Please Note:

The following are general guidelines drawn up to help you with the specification of the works that you are planning to install at your home – they may not necessarily all apply to the scope of works that you require.

All works should comply with the current edition of the Building Regulations. It is recommended that you seek the services of a Professional Occupational Therapist to ensure that your needs are fully met. Drawings (sketch) showing the proposed bathroom layout should be submitted with the application. You are advised to pass this information to your contractors when seeking quotations.

Guidelines.

Access

A ramped or level approach to a house is essential for persons with impaired mobility. The approach to the main entrance from the site boundary and car parking space should have a minimum unobstructed width of 1200mm. The main entrance should have a clear opening inward width of 900mm. Max threshold height 15mm.

Platform

A level platform 1200mm X 1200mm must be provided at the head of any ramp in front of the entrance door.

It must be level with the inside of the house. Drainage grates should be installed to remove surface water to avoid ponding at the entrance to the door.

Door saddles are to be avoided.

Tracks and PVC thresholds should be avoided but, where unavoidable, they should not interfere with the access or cause a trip hazard. Note in particular the replacement of front doors.

Ramp

Where the gradient is between 1:20 and not exceeding 1:15 the maximum length between level landings should be 10 m. Where the gradient is between 1:15 and 1:12 the maximum length between level landings should be 5m. The length of all landings should be not less than 1.2m exclusive of the swing of any door or gate, which opens onto it.

Kerb

A raised kerb, at least 100 mm high, should be provided on any open side where the adjacent ground is not graded to the approach. See TGD K for guidance on the provision of guarding.

Surface.

The surface should be reasonably smooth to reduce the difficulty in using a wheelchair and it should be slip resistant when wet. The joints between the ramp and surrounding area should be flush. If paving units are used the joints should be no wider than 10mm and no deeper than 5mm

Drainage Grates.

They should be level with the surrounding surface. Slots should be no more than 13mm wide. If circular slots are used the diameter of the holes should not be more than 18mm to minimize the risk of trapping walking aids or wheelchair wheels.

Ramp Handrail.

A metal handrail, approximately 900mm high, to be provided on either or both sides of the ramp. Rail diameter – 45mm-50mm and there is to be a clearance of between 50-60mm between the handrail and any adjacent wall. It is to be continuous and terminated in a way that reduces the risk of clothing catching on it. Rails to be galvanized.

Outdoor Rails.

Provisions of handrail at entrances, which are approached by steps or ramps, are recommended for people with mobility problems.

A metal handrail, approximately 900mm high should be provided on either or both sides of the stepped or ramped approach. Rail diameter 45mm – 50mm.

Stair Rail – wall rail.

A second stair or wall rail can be of great benefit to the person with mobility problems.

The height of the rail can be tailored to suit the individual but generally a height 900mm is recommended.

Grab Rails for Bath.

A 300mm grab rail (diameter 35mm) set at 30-degree angle (opening towards taps) midway on wall adjacent to bath with lower end of rail at 200mm above edge of bath.

When a shower is being used over the bath a 600mm vertical rail is recommended on wall at right angles to shower head for use while standing to shower – lower end to be 800mm above bottom of bath.

If a bath board/seat is not being used an additional vertical rail at the outer side of the bath will assist person getting in and out of bath.

Toilet (WC).

Low-level close-coupled WC suite is generally suitable.

Toilet pan to be 410mm high (standard height) or high 460mm where required.

The centerline of the pan should be 450mm from the sidewall to permit use of grab rail

Maximum of 700mm clear space (i.e. no boxed in pipes etc) from wall to front of pan.

Grab Rails for Toilet.

Install a folding grab rail with supporting leg, on the outside of the toilet (i.e. not the wall side): position 400mm from centre of pan at a height of 700mm above floor level.

Install a horizontal grab rail 35mm diameter X 600mm long and 700mm high, on the wall beside the toilet with the centre of the rail 500mm from rear wall.

Install 35mm diameter X 600mm long vertical rail at end of horizontal rail from 700mm above floor.

In some cases a 300mm diagonal rail on the wall side would be adequate.

Level Access Shower.

If removing bath upstairs a level access shower **tray** should be installed, it should be a min. size of 800mm X 1200mm.

If removing a bath downstairs and installing a shower it should be 1000mm X 1000mm OR 1200mm X 1200mm OR 800mm X 1200mm.

There should be no step, kerb, channel or tray around the shower area. The shower floor should finish flush with the bathroom floor. The floor within the shower area should slope gradually to a central drain to provide a gradient between 1:30 and 1:20 (20mm – 30mm drop over sloping area) **OR** a level access shower tray may be used.

Grab Rails for Shower.

Two 600mm grab rails, diameter 35mm, recommended. They should form an L shape
Horizontal rail 700mm above floor.

Vertical rail – lower end at 800mm to higher end at 400mm.

Exact positioning will depend on individual requirements, type and position of seat etc.

Shower Enclosure.

Transition into the shower recess should be level without a step down.

Lever controls for temperature and flow should be placed at 900mm from the floor.

Water must be **thermostatically controlled**, with good quality mixer with a maximum temperature setting of 41 °C and anti scald mechanism.

Telephone type shower spray to be fitted, which comes away from the wall and can be held in the hand. Extended rail, 1000mm long and extended hose to be used.

Position 750mm from the corner and 1000mm from the floor. The extended rail is necessary to accommodate a person standing or sitting in shower.

Controls to be 1000mm from the floor and situated on outer side of hose rail

Weighted shower curtain rather than a cubicle allows for more space and freer circulation.

Curtain should fall 75mm inside shower area

Half height folding doors should be fitted around shower area. Doors should fold back against the walls. These are necessary to protect a carer, if required. It is recommended that half height doors be used in all first floor bathroom conversions.

Rails –See above. - Positions of these will vary depending on client, type of seat used etc.

Wall seat - Wall seat with legs and arms to be provided at 460 - 480mm high from the floor and at a right angle to the shower head. Consideration should be given to the use of a flip-up seat located on the shower wall or the use of a self-propelling shower chair depending on individual preference.

If a flip-up seat is to be used, it should be located on the wall adjoining the wall with the shower controls. The width of this seat should be 500mm, finishing at a height of 460 - 480mm from the floor level. The centerline of the seat should be 500mm from the corner, and the front edge of the seat should be 650mm from the back wall.

Wash Hand Basin.

Wall bracketed. No pedestal. Standard size (not small size) Width 500mm. Project 430mm to 450mm from wall. Clearance underneath sink to be 700mm. Use plastic outlet to avoid leg burns.

Lever tap and thermostatically controlled inline mixer. Mirror from 900mm above floor.

Light and Shaver switch 900mm to 1100mm above floor. Sink waste outlet to be pop-up type.

Slip Resistant Floor Covering.

Slip resistant floor covering throughout the bathroom with a value greater than 50 (minimum 45) using the Pendulum T.R.R.L. test in **wet** conditions of not less than R11 on the Skid Test (similar to those found around a swimming pool). Certification will be required for floor covering. This flooring should also be used when installing a sloping floor shower instead of a level access shower tray.

Ventilation.

Converted bathrooms shall have natural and mechanical extract ventilation.

Other Considerations.

Minimum room depth to be 2000mm to allow for inward door opening.

Adequate heating, ventilation and lighting to be provided in shower room

Waterproof light fitting to be installed.

Install pull chord and double pole isolation switch to shower to be installed.

A fire detection and alarm system should be provided in accordance with the Building Regulations. – Mains powered Category LD2 system Grade C. to B.S.5839 Part 6 – 2004 is recommended as a minimum as per building Regs.

Wall tiling to be allowed for –generally around shower and sink area only.

Where a wheelchair is being used all doors that required to be used by the Applicant should have a minimum clear opening size of 810mm.

Where heating is provided all works should comply with the Building Regulations, B.S. 5410 1997. and OFTEC Requirements.

All Electrical works should comply with ECTI. Rules.

Min bathroom size 2500mmx 2000mm. -To - 2500mm x 2500mm

Min bedroom size.-, as per Occupational Therapist.

All converted bedrooms to have fire escape window or door.

Where extensions are provided the following is required, -Planning Permission where applicable and Certificate of compliance with Building Regulations when work is complete may be required and prior to payment of the Grant.

It is recommended that you seek the services of a Professional Occupational Therapist to ensure that your needs are fully met.