**MOBILITY CHECKLIST FOR CASEWORKERS**

**A useful guide when visiting a client who wishes to apply for an electric scooter or wheelchair.**

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| --- | --- | --- | --- |
|  | **YES** | **NO** | **COMMENTS** |
| **Has the Applicant previously used an EPV?** |  |  |  |
| **Does the Applicant want a scooter or a wheelchair?** |  |  |  |
| **Has the Applicant applied to the NHS Wheelchair Service if a wheelchair is required?**  |  |  |  |
| **Is the NHS Wheelchair Service providing a voucher towards a wheelchair?** |  |  |  |
| **Is the Applicant in receipt of Higher Rate DLA mobility component? If so, have they applied to Motability for a scooter/wheelchair?** |  |  |  |
| **Is the Applicant in receipt of Attendance Allowance (if mobility assistance is being requested)?** |  |  |  |
| **Is the Applicant applying for Disability benefits?** |  |  |  |
| **Is there a signed GP certificate stating the applicant is suitable for an EPV?** |  |  |  |
| **Where does the Applicant plan to store the EPV? Are there appropriate storage / access / charging facilities?** |  |  |  |
| **Is the applicant in receipt of an Occupational Pension? Can any other charities be approached for assistance?** |  |  |  |
| **Are other mobility aids required? (i.e., bed/ riser recliner/ stairlift\* /property adaptations\* etc)** |  |  |  |
| **\*If property adaptations/a stairlift is required, has a Disability Facilities Grant been applied for? (NB: the outcome of a DFG application will be required prior to RAFBF being able to assist).** |  |  |  |

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**