

## EMS ASSESSOR DETAILS

Name \_\_\_\_\_ Date of Application    /    /    /   

AEA No. \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Ext No. \_\_\_\_\_ Fax No. \_\_\_\_\_

<p><b>Assessor Declaration</b></p> <p>By completing and sending this application I confirm that the assessment for and selection of housing modification has been personally completed by me, and is essential for the person. The information contained in the application is correct and meets the criteria in the current Housing Manual.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </p>	<p><b>Person's Agreement</b></p> <p>I agree that the information contained in this application is true and correct. The housing modification requested is essential for the person and this application meets the Ministry of Health criteria in the current Housing Manual.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </p>
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## PERSON'S DETAILS

Given Name \_\_\_\_\_ Title \_\_\_\_\_

Last Name \_\_\_\_\_ NHI No. \_\_\_\_\_

Address  Telephone \_\_\_\_\_

Date of Birth    /    /    /   

Gender \_\_\_\_\_

Ethnicity \_\_\_\_\_

• Other \_\_\_\_\_

The Person is:     Over 65 Years     Under 65 Years     Child (Under 16 Years)

The Person Resides:     Own Home     Housing New Zealand Home     Private Rented Home

Other Please Specify: \_\_\_\_\_

## ELIGIBILITY CRITERIA

This Basic Housing Modification Application is for:

Rails     Internal Door Widening     Wedge Ramp     Lever Tap

Disability Type \_\_\_\_\_ Primary Diagnosis \_\_\_\_\_

Mobility into and within the home     Return to or remain in the home     Main carer of a dependant person

## RAIL SPECIFICATIONS

**Proposed Exterior Rails (Galvanised Pipe only):**

Front Door     Back Door

Side of Stairs     Left     Right     Both Sides

**Special Instructions: Additional Information**

**Proposed Interior Rails:**     Custom length powder coated modular aluminium rails

Bath     Shower     Toilet

Internal Stairs (Wooden Bannister Std pine only)     Left     Right     Both Sides

**Special Instructions: Additional Information**

## INTERNAL DOOR WIDENING

**Proposed interior Door Widening**

- Bedroom Door**       **Bathroom Door**       **Other Door** (please specify) \_\_\_\_\_

**Specify door width required** (non custom sized doors only)

- 810mm**       **860mm**       **910mm**       **960mm**

**Door Type** (Note: Does not include cavity, automatic, custom sized or external doors)

- Hinged**       **Surface mounted sliding door**

**Special Instructions: Additional Information**

## WEDGE RAMP SPECIFICATIONS

**Proposed Wedge Ramp** (permanent ramp which is fixed to the home and is < 450mm maximum length)

- External Door Threshold**       **Internal Door Threshold**

**Specify Threshold Height:** \_\_\_\_\_ mm

**Specify Wedge Ramp Length:** \_\_\_\_\_ mm

- Threshold Ramp Type:**       **Wooden**       **Aluminium Checker Plate**

**Special Instructions: Additional Information**

## LEVER TAP SPECIFICATIONS

**Lever Tap**

- Bathroom Vanity**      **Quantity** \_\_\_\_\_

**Special Instructions** (describe supplier type and code and any fitting instructions):

## QUOTATION AND SKETCH PLAN

- Quotation** (which identifies supply and installation costs) **and sketch plan for modifications** (including quantity, specifications and any fitting instructions) **is attached. (If unable to scan attachments, please fax both application and attachments).**
- By ticking this box the EMS Assessor confirms the Basic Housing Modification Checklist Sheet has been completed and no issues have been identified. A completed copy is retained on file for audit purposes, including a Registered Property Owner Approval Form.**
- No other modifications are required. (Note: where the Basic Housing Modification is part of other modifications required, please complete the Application for Housing Modifications Form).**

**Additional Information:**