

EMS ASSESSOR DETAILS

Name _____ Date of Application / / /

AEA No. _____ Email _____

Telephone _____ Ext No. _____ Fax No. _____

<p>Assessor Declaration</p> <p>By completing and submitting this application I confirm that the assessment and selection of the proposed solution has been personally completed by me and the application is correct and meets the criteria in the current Ministry of Health Equipment and Modification Services Manual (or associated updates).</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Person's Agreement</p> <p>The Person agrees to this application for Equipment being made and that the information given in this application is true and correct. The person has read and signed the Equipment Information form and authorises accessible to use/disclose information as described in the Privacy Act Statement. A signed copy of the Equipment Information form is held on the Assessor's file.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

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 Residential Care

ELIGIBILITY CRITERIA

Disability Type _____ Primary Diagnosis _____

The List Equipment is for:

<input type="checkbox"/> Mobility in the Home	<input type="checkbox"/> Remaining in the Home	<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Vocational Training
<input type="checkbox"/> Full-time Education	<input type="checkbox"/> Main Carer	<input type="checkbox"/> Communication	<input type="checkbox"/> Voluntary Work

By ticking this box the assessor confirms that rationale has been kept on file for audit purposes which demonstrates how the EMS criteria has been met.

EQUIPMENT DETAILS

SIC Code	Description	Quantity	Accreditation

Please indicate if you have included any of the following attachments by selecting the corresponding check box:

Wheelchair Specification Sheet
Must be completed and attached if this application includes a request for a MoH List Equipment wheelchair.

Shower Commode Specification Sheet
Must be completed and attached if this application includes a request for a MoH List Equipment shower commode.

Brief rationale of essential need for: Special / Multiples / Low Cost equipment

DELIVERY DETAILS

Person Assessor Other

Contact Name _____ Telephone _____ Ext No. _____

Delivery Address Instructions