



| PRIORITY |
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|          |

| FOR OFFICE USE ONLY |
|---------------------|
| Application         |
| Received            |

## APPLICATION FOR HOUSING MODIFICATIONS

### SPECIALISED ASSESSOR DETAILS

|   |                |                      |                      |                      |                      |                      |                      |
|---|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name  | AEA No         | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name  | Telephone (09) | Ext                  |                      |                      |                      |                      |                      |
| Address   | Facsimile (09) |                      |                      |                      |                      |                      |                      |
| E-mail  |                |                      |                      |                      |                      |                      |                      |
|   |                |                      |                      |                      |                      |                      |                      |
| NHI No  |                |                      |                      |                      |                      |                      |                      |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                |                      |                      |                      |                      |                      |                      |

### CLIENT DETAILS

(Please use hospital label if available)

Name   Mr    Mrs    Ms    Miss

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Address (GIVEN NAME) (SURNAME/FAMILY NAME)

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City/Town   Telephone (09)   Date of Birth   /   /

#### DISABILITY TYPE

(Please tick one box that best describes the person's disability type)

Physical  
  Intellectual  
  Sensory  
  Age Related  
  Combination

#### GENDER

Male  
  Female

#### ETHNICITY

(Please tick the box or boxes that best describe/s which ethnic group/s the client identifies with)

NZ Maori  
  NZ European/Pakeha  
  Other European (please specify)

Samoan  
  Cook Island Maori  
  English  
  Australian  
  Irish

Tongan  
  Niuean  
  Dutch  
  Scottish

Indian  
  Chinese  
  Other (please state) \_\_\_\_\_

Other (please state) \_\_\_\_\_

**I declare that the information in this Housing Application is true. I have read, understood and agree to the Terms and Conditions regarding this Housing Modification, including the use of this information.**

The signature of the guardian/agent is required when the person named as the client is under 16 years of age, or is unable to complete and /or sign this application.

Name Of Person Signing

Relationship to Client

Client Signature

Date   /   /

### PREVIOUS FUNDING FOR HOUSING MODIFICATIONS

Yes  
  No

If yes, please supply brief details (including the address where the modifications were carried out and reasons for the change of address).

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**SPECIALISED ASSESSOR REPORT**

**Note:** Where an incomplete application is received, the Specialised Assessor will be informed and the relevant information must be forwarded to *accessible* before the application can proceed.

Please supply details outlining the essential need for this modification. Include information that will help establish the appropriate priority band for this application.

**1 Relevant Disability** *(include any functional limitations that are relevant to this application)*

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**2 Social Situation and Existing Environment**

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**3 Identified Problems**

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**4 Specific Outcomes To Be Met**

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**5 Description of how the person meets the current Priority Guidelines**

**5 Description of how the person meets the current Priority Guidelines**

|   |   |
|---|---|
| Safety  | P |
| Residential & Vocational  | P |
| Support Services <i>(including any resulting savings in areas of support)</i> | P |
| Independence  | P |
| Options considered <i>(these may not necessarily be equipment)</i>            | P |
| Timing  | P |

Client Name

**6 The Modification Is Essential** (tick the appropriate boxes)

**LEVEL 1**  To provide handrails to assist the person with access into and within the home or to enable independence with transfers.

**Description and Costs** (Inc GST)

**LEVEL 2**  To enable access into or within a person's home (excluding issues of complex access).

**Description and Costs** (Inc GST)

**LEVEL 3**  To enable a person to achieve essential activities of daily living or access their home where there are complex issues of access. This will include minor structural changes eg. Removal of a non-load bearing wall between a toilet and bathroom.

**Description and Costs** (Inc GST)

**LEVEL 4**  To provide additions or complex structural modifications to allow a person to remain in their home. Provide details of all alternatives considered and rationales for the final outcome. (A comprehensive report must accompany all level 4 applications).

**Description and Costs** (Inc GST)

**DOCUMENTATION REQUIRED**

- Specialised Assessors report
- All quotations
- Sketch plans (before & after) inc. all measurements
- Registered property owner approval

Total number of pages  (count all pages including quotes, drawings & alteration specifications)

**ASSESSOR DECLARATION**

- The modification is essential to allow the person to remain in/return to their own home.
- The person resides within the area covered by **accessible** and meets the MoH definition of a person with a disability.
- The person is not eligible for ACC funding.
- This person has had a recent Needs Assessment and a copy of the relevant details is included.

I certify that the details contained in this application are correct and have provided the client/property owner with a copy of any relevant information.

Signature  Date / /



Client Name

**REGISTERED PROPERTY OWNER APPROVAL**

- As the legal owner of the property you must approve of any modifications prior to any work commencing.
- Please take time to examine the plans and specifications of the proposed modifications and discuss with the Specialised Assessor if you are unsure of what is being proposed.
- Any rectification, insurance and on going maintenance is the responsibility of the property owner.
- *accessible* can not provide funding to replace modifications which are damaged or destroyed.
- Any rectification work required to allow the modification to proceed or rectification work that is uncovered during the course of the modification process is the responsibility of the property owner.
- Where a client moves or no longer requires the modification, the property will not be restored to its original state, except where a water lift, stair lift or ceiling track hoist has been installed.

**PROPERTY OWNERS DECLARATION**

Name  Mr  Mrs  Ms  Miss  \_\_\_\_\_  
(GIVEN NAME) (SURNAME/FAMILY NAME)

Name  Mr  Mrs  Ms  Miss  \_\_\_\_\_  
(GIVEN NAME) (SURNAME/FAMILY NAME)

I/we confirm that I am/we are the registered owner(s) or the authorised agent of:  
 (Property Address)

Lot No  DP No

Currently occupied by   
(TENANT / OCCUPANT'S NAME)

- I have sighted the specifications of the recommended modifications and give permission for these modifications to be undertaken at this property.
- If required, I have retained a copy of the plans and specifications for my records.

Property Owner's Signature

|           |          |  |
|-----------|----------|--|
| Signature | Date / / | <input type="button" value="← Sign Here"/> |
| Signature | Date / / | <input type="button" value="← Sign Here"/> |