

**Client Family Name:**

**Client First Name/s:**

**NHI Number:**

**Initial Liaison Regarding Longterm Support Options** *(Specialised Assessor to complete)*

- 1) Date of initial liaison between Specialised Assessor and NASC:
- 2) Was the client known to NASC?  **Yes**  
 **No**
- 3) Has a Needs Assessment/ Re-assessment been completed in the last 6months?  **Yes: -Date of Needs Assessment**  
 **No** *(If Not: further information will be requested by accessible and Enable New Zealand)*
- 4) Is the current living/home environment likely to be long-term?  **Yes**  
 **No**
- 5) Has consideration been given to the client moving into an alternate living arrangement?  **Yes**  
Please comment:  **No**

**Accompanying Information for Ministry of Health Funding Request** *(NASC to complete)*

- 1) Is the option recommended likely to be cost-effective compared with other options; eg. additional care hours, residential care provision? Will it:  
 Prevent escalation of support  
 Reduce support  
 Other (please describe)
- 2) In your opinion will the proposed solution prevent or significantly delay admission to Long Term Residential Care?
- 3) Any known risks to the sustainability of remaining supported in this environment long term (2-3years)?
- 4) What is the impact for the client and their caregivers if the proposed solution is not made available within a certain timeframe?

**NASC Sign-off**

Declaration: I  support/  do not *(please see below\*)* support the recommendation of the Specialised Assessor for housing modifications/ personal care equipment for the client identified above.

\* If Not, why not?

\_\_\_\_\_  
**Signature**

**Date**

**Name**

**Role**