

EMS Assessor _____

Telephone _____

Service/Organisation _____

Ext No. _____

Date dd / mm / yyyy

Modifications requested:

My EMS Assessor has told me:

- About Ministry of Health funding guidelines for the housing modifications. The modifications have been funded permanently for me and become part of the home.
- About the application process and how long I may have to wait for the housing modifications.
- About the information that will be included in the application for the housing modifications.
- About what the planned modifications will look like. The property owner and I have seen and agree with the proposed plan and understand that the funding is only for the modifications listed above.
- That the ongoing maintenance, safety, repairs to, replacement or removal of these modifications are my or the property owner's responsibility.
- That no reimbursement for modifications I have had installed before this application was made will be provided.
- That the modifications will be done by a Contractor who works for **accessible or Supplier**. If any remedial work is uncovered during the installation of the modifications, the home owner is responsible for these costs.

Privacy Act Statement

The Information on the application will be used:

- For the purpose of assessing the funding of housing modifications by the Ministry of Health and to ensure that the person is eligible.
- To assist the Ministry of Health in planning and funding future services.
- For such other functions as permitted under law.
- For the collection of statistical information to assist the Ministry of Health to develop a clearer picture of the requirements for disabled people and to ensure that the future access to Disability Support Services is fair and equitable.

accessible will provide the Ministry of Health with information about the services you may receive.

Provision of information in this form is voluntary but assessment for funding may depend upon all relevant information being provided by you.

You have the right to access the information held about you, and the right to have corrections made to this information.

The Health Information Privacy Code applies to the information collected under this form.

I understand that when I tick the application form or ask the EMS Assessor to tick it for me, I agree to the application for housing modifications being made. The information given in the application is true and correct and I authorise **accessible** to use/disclose information as described in the Statement above.

The signature of the person's guardian or authorised agent is required when the person is under 16 years of age, or is unable to complete and/or sign the application form.

Name _____

Relationship To Person _____

Signature _____

Date dd / mm / yyyy