Equipment and Modification Services (EMS) Priority One Form

This form is to be used for all applications for complex equipment, housing modifications and vehicle purchase and modifications which should be considered as Priority 1.

The person meets one or more of the following indicators for Priority 1

Client Name _____

	Yes	No
The person has a documented history of safety issues or has experienced a significant change in their disability status, health or personal circumstances which has affected their (or their family or whanau and other support people) health or safety.	☐	☐
Rationale and Comments:		
The person lives alone, or is alone for the majority of their day and has no other support to assist them with activities of daily living to remain at home or move around their home.	☐	☐
Rationale and Comments :		
The person is unable to, or is at high risk of being unable to, undertake their role as a main carer of a dependent person.	☐	☐
Rationale and Comments :		
The person is unable to express themselves effectively or reliably which impacts on their ability to communicate resulting in imminent risk of harm to themselves, their carers or their dependents.	☐	☐
Rationale and Comments :		
The child or young person is attending compulsory education and is unable to continue with school attendance and their eduactional development.	☐	☐
Rationale and Comments :		

Professional Leader / Clinical Supervisor's confirmation of the application being considered as a Priority 1

Comment :

Date dd / mm / yyyy **Name** _____

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P.O. Box 27 804 Mt. Roskill, Auckland 1440. 18A Frost Road, Mt. Roskill, Auckland.
Freephone 0508 001 002 Ph: 09 620 1700 Fax: 09 620 1702 Email: moh@accessable.co.nz

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