

REQUEST FOR APPROVAL FORM for HOUSING MODIFICATIONS IN A HNZC HOME

A. Occupational Therapist /EMS Assessor to complete this section and email to: disabilitymodifications@hnzc.co.nz Attention: **Asset Management Support, HNZC**

A request for Ministry of Health funded housing modifications is currently being considered for:

Person's Name:			
Street Address:			
Town:		City/Region:	
Contact Details:			
Alternative Contact Details:			

MINOR MODIFICATIONS

Internal rails (eg toilet/bath/shower)		Details:	
External rails		Details:	
Threshold ramp		Details:	
Other			
Attachments:			
• Property Owner Approval Form		• Sketch of existing & proposed	
Comments:			

MAJOR MODIFICATIONS

Bathroom (eg level access shower)		External access (eg ramp or platform lift)	
Internal access (eg doorway widening, stair lift)		Other (eg fencing)	
Note: No attachments are required			
Comments:			

EMS Assessor Name:			
Contact details:	Phone/Fax:		
	Email:		
Service:			
Date of request:			

B.	Checklist for Housing New Zealand to complete when a request for MAJOR housing modifications is made
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Note: Housing New Zealand to complete this section for major modifications only and return by email to the Occupational Therapist/EMS Assessor

Person's Name			
Street Address:			
Town:		City/Region:	
Critical Questions Related to the Property	No	Yes	
Are there any plans for future use of this property (eg, redevelopment, demolition or sale) within the next 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the property owned by Housing New Zealand?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the property underutilised, overcrowded or unsuitable for the occupants?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it more appropriate to move the person/family and whānau to a more suitable property?	<input type="checkbox"/>	<input type="checkbox"/>	

Approval for modifications to be considered?	Yes		No	
Reason for decline and action planned by Housing New Zealand:				
Name:				
Signature:				
Designation:				
Date:				