

Disability modifications request for approval

A. Occupational therapist/EMS assessor to complete this section and email to: propertymanagementservice@kaingaora.govt.nz; Attention: Asset Management Support, Kāinga Ora – Homes & Communities.			
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 (e.g. toilet/bath/shower)	<input type="checkbox"/>	Details:	
External rails	<input type="checkbox"/>	Details:	
Threshold ramp	<input type="checkbox"/>	Details:	
Other:			
Attachments:			
<input type="checkbox"/> Property owner approval form			
<input type="checkbox"/> Sketch of existing and proposed			
Comments:			
Major modifications			
Bathroom (e.g. level access shower)	<input type="checkbox"/>	External access (e.g. ramp or platform lift)	<input type="checkbox"/>
Internal access (e.g. doorway widening, stair lift)	<input type="checkbox"/>	Other (e.g. fencing)	<input type="checkbox"/>
Note: No attachments are required			
Comments:			

EMS assessor name:				
Phone/fax:				
Email:				
Service:				
Date of request:				
B. Checklist for Kāinga Ora to complete when a request for MAJOR housing modifications are made. Note: Kāinga Ora 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 (e.g., redevelopment, demolition or sale) within the next 3 years?			<input type="checkbox"/>	<input type="checkbox"/>
Is the property owned by Kāinga Ora?			<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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reason for decline and action planned by Kāinga Ora:				
Name:				
Signature:				
Designation:				
Date:				