

Solutions for better living

## Information Form VEHICLE PURCHASE &/OR MODIFICATION

All parties should keep a copy of this signed form for their records.

Person's Name:				
EMS Assessor:			Telephone:	_( )
Service Organisation:			Date:	
Proposed Modifications Requeste	d:			
RESPONISIBILITIES:				
Where a vehicle has been puthe ownership of the vehicle		– Ministry of Disabled Pec	pple the person	(with the disability) takes over
<ul> <li>All maintenance of and repa running costs, warrant of fit</li> </ul>		or modifications are the re	sponsibility of t	he vehicle owner including
<ul> <li>All insurance costs of the ve replacement of vehicles and</li> </ul>	•	· · · · · · · · · · · · · · · · · · ·		•
THE EMS ASSESSOR HAS	TOLD ME ABOU	JT:		
<ul><li>Whaikaha's funding guidelin Modifications Manual.</li><li>The assessment and service</li></ul>	•	•	ications as outli	ined in the Vehicle Purchase ar
	_	_	osed vehicle mo	odification complying with LVV
<ul><li>requirements.</li><li>The vehicle purchase (for pe</li></ul>	ople aged 16 years and	d over) is subject to the ou	tcome of an Inc	come and Cash Asset Test.
PRIVACY ACT STATEME	NT			
Accessable will provide Whaikaha w	vith information about	the services the person m	ay receive.	
Provision of information in this form information being provided by the p		s voluntary but assessmen	t for funding ma	ay depend upon all relevant
The person has the right to access t	he information held ab	out them and the right to	have correction	ns made to this information.
The Health Information Privacy Cod	e applies to the inform	ation collected under this	service request	
PERSON'S AGREEMENT				
I agree to the request for assessment request is true and correct and I aut	•			
Name		Relationship To Per	rson	
Signature		_	Date /	/

The signature of the guardian/agent is required when the person named is under 16 years or is unable to complete and/or sign this form.