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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **ENAH101** | **HOUSING MODIFICATION**  **moh.processing@enable.co.nz 0800 171 995** | | | | | | | | | | | | | | | |
| **To be completed by the EMS Assessor** | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** Client No: | | |  | | | | | Assessor No: |  | | | S/O No: | | |  | | | | | Eligible Y N | |
| *This service request is being made for the purchase of housing modifications. The EMS Assessor is responsible for ensuring the person receiving the housing modification has read and understood the terms and conditions and authorises Enable New Zealand to use/disclose information as described in the Privacy Act Statement.* | | | | | | | | | | | | | | | | | | | | | |
| **CLIENT DETAILS** | | | | | | | | | | **EMS ASSESSOR DETAILS** | | | | | | | | | | | |
| NHI |  | | | | | | | | | Name | | |  | | | | | | | | |
| Family Name |  | | | | | | | | | AEA No: | | |  | | | | | | | | |
| First Name |  | | | | | | | | | Email | | |  | | | | | | | | |
| Street Address |  | | | | | | | | | Phone | | |  | | | | | | | | |
| Town/City |  | | | | | | | | | Fax | | |  | | | | | | | | |
| Postcode |  | | | | | | | | | Mobile | | |  | | | | | | | | |
| Telephone |  | | | | | | | | | **EMS Assessor Declaration:**  *By completing and submitting this electronic service request I confirm that the assessment and recommendation for housing modifications has been personally completed by me, the service request is correct and I have followed the processes in the current Ministry of Health Housing Modification Services Manual.* | | | | | | | | | | | |
| Date of Birth | /  / | | | | | | | | |  | | | | | | | | | | | |
| Gender | Male  Female | | | | | | | | |  | | | | | | | | | | | |
| Ethnicity |  | | | | | | | | | Assessment Date | | | | /  / | | | | | Date Sent | | /  / |
| Primary contact (if other than client) | Name | | | | | | | | | | | | | | | | | | | | |
| Primary contact phone details | Phone | | | | | | | | | Mobile | | | | | | | | | | | |
| **ELIGIBILITY DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis | |  | | | | | | | | | | | | | | | | | | | |
| Disability | |  | | | | | | | | | | | | | | | | | | | |
| *Tick one box to indicate the best description for the person’s primary disability type*: | | | | | | | | | | | | | | | | | | | | | |
| Physical | | | | Intellectual | | | | | | | Sensory | | | | | | | Age Related | | | |
|  | | | | | | | | | | | | | | | |  | | | | | |
| **The housing modification is essential for:** | | | | | | | | | | | | | | | | **Resides** | | | | | |
| Mobility in the home | | | | | | | Remaining in the home | | | | | | | | | Own home | | | | | |
| Main carer | | | | | | |  | | | | | | | | | Lives alone | | | | | |
| Tick this box if you as the EMS Assessor **DO NOT** support this service request as meeting the Ministry of Health criteria for housing modifications. | | | | | | | | | | | | | | | | | | | | | |
| **ATTACHMENTS** | | | | | | | | | | | | | | | | | | | | | |
| Existing Plan | | | | | | EMS & NASC joint report | | | | | | | | | | | Support from behavioural management team | | | | |
| Proposed Plans | | | | | | Signed Terms & Conditions | | | | | | | | | | |  | | | | |
| Schedule Summary | | | | | | Property owner approval | | | | | | | | | | |  | | | | |
| Quote if under $500 | | | | | |  | | | | | | | | | | |  | | | | |

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| --- | --- | --- |
|  | **ENAH101** | **HOUSING MODIFICATION**  **REPORT & DETAILS**  **moh.processing@enable.co.nz 0800 171 995** |

| CLIENT NAME |  | | | | EMS ASSESSOR | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s Diagnosis, Impairment, Abilities and Functional Limitations** | | | | | | | | | |
|  | | | | | | | | | |
| **Social Situation and Support** | | | | | | | | | |
|  | | | | | | | | | |
| **Existing Environment (brief description of house)** | | | | | | | | | |
| Previous Modifications | | Type: | |  | | Date: | | /    / |  |
| Access into home from where a vehicle may reasonably park: | | |  | | | | | | |
| Access within the home: | | |  | | | | | | |
| Toilet: | | |  | | | | | | |
| Bathroom: | | |  | | | | | | |
| Other: | | |  | | | | | | |
|  | | | | | | | | | |
| **Identified Problem** | | | | | | | | | |
|  | | | | | | | | | |
| **OPTIONS CONSIDERED** | | | | | | | | | |
|  | | | | | | | | | |

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|  | | | | | | | **ENAH104** | **PROPERTY OWNER APPROVAL**  **moh.processing@enable.co.nz 0800 171 995** | | | | | | | | | | | | |
| ***This section must be completed by the Registered Property Owner and/or their authorised agent for all housing modifications undertaken by Enable New Zealand for the Ministry of Health.*** | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | | | |  | | | | | | | | | | | | | | | | |
| **As the legal owner of the property you must approve of any modifications prior to any work commencing.** | | | | | | | | | | | | | | | | | | | | |
| **Please take time to examine the** **concept sketch/plans** **of the proposed modifications and ensure these meet your approval. If you approve of the proposed modifications please complete this form and return it to the EMS Assessor.**  **Note:** *As the legal property owner you are aware that:*   * If you have any queries or issues regarding the work that is being proposed you should contact the EMS Assessor to discuss these. * Only essential disability related modification applications that meet the Ministry of Health criteria will be considered. * All costs associated with repairs and maintenance are the responsibility of the property owner, this can include upgrading work on water systems and issues relating to water pressure, rotten floor boards etc. * Redecoration of the entire area is not allowed for. Only minimal make good to the immediate area affected by the modifications is approved by Enable New Zealand.   *Please notify the EMS Assessor immediately (in writing) if you wish to:*   * Retain any demolition materials or fittings no longer required for the proposed modifications. * Vary or pay for upgrading the specifications of the proposed solution. | | | | | | | | | | | | | | | | | | | | |
| **PROPERTY OWNER DECLARATION** | | | | | | | | | | | | | | | | | | | | |
| I have examined the preliminary drawings/plans relating to the proposed housing modifications and give permission for these modifications to be undertaken to this property. | | | | | | | | | | | | | | | | | | | | |
| \*Lot | |  | | | DP |  | | | | | | or | |  | | | |  | | |
|  | | \*legal description | | | | | | | | | |  | | Valuation assessment number: | | | |  | | |
| ***\*legal description of property can be obtained from rate demand or valuation assessment.*** | | | | | | | | | | | | | | | | | | | | |
| Housing New Zealand Property | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | |  | | | | | | |  | |
| Case Manager Signature | | | | | | | | |  | | Property Manager Signature | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | | | | |  | |
|  | | | Property Owner Name | | | | | | | | | | | | | | | | | |
| As the legal owner of the property: | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | (Property Address) | | | | | | | | | | | | |
| Client Name: | | | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | (Tenant/Occupant’s Name) | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| You should ensure that you keep a copy  of this signed form for your own record | | | | | | | |  | | | | | | | | | **SIGN HERE** | |  | |
|  | | | | | | | | Property Owner Signature | | | | | | | **Date** | /  / | | |  | |
| **This document may also be used by Enable New Zealand or their authorised agent to obtain the required Building Consent for the proposed Housing Modification for the Territorial Authority (BCA)** | | | | | | | | | | | | | | | | | | | | |