# Housing Modification Schedule Summary

### Client details

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| **Family name** |  | **First name(s)** |  |
| **NHI** |  | **Date of birth** |  |
| **Representative\*** |  | **Phone** |  |
| **Project address** |  | | |
| *\*If client is under 16 years or needs a support person* | | | |

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| Client situation |
| *Please insert a brief description to help the contractor prior to visiting site. This could be details of the client’s disability, their living situation i.e. lives with parents/partner/family or dogs on site or only call after 10am or evenings.* |

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| Risks |
| *Identify any risks on site (e.g. dogs, affiliations client or family behaviour)* |
| Tick to indicate that consultant/contractor should contact Assessor prior to site visit. |

### EMS Assessor details

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| **Name** | Enter text | **AEA No.** | Enter text |
| **Phone** | Enter text | **Email** | Enter text |
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| Handrails | | | | | | | | |
| Location of Handrails | **Handrail Type** | | | | **Quantity** | | **Length of Handrail(s) mm**  **Actual length may exceed** | **Height of handrail(s) mm** |
| **Galvanised** | **Timber** | **Stainless Steel** | **Powder Coated** |
| Front Door |  |  | n/a | n/a | 1 | 2 | \_\_\_\_ | \_\_\_\_ |
| Back Door |  |  | n/a | n/a | 1 | 2 | \_\_\_\_ | \_\_\_\_ |
| Toilet (WC) | n/a | n/a |  |  | 1 | 2 | \_\_\_\_ | \_\_\_\_ |
| Other \_\_\_\_ |  |  |  |  | \_\_\_\_ | | \_\_\_\_ | \_\_\_\_ |
| Additional Notes:  *Note: powder coated rails will not be installed in external situations or areas where moisture or water splash is likely.* | | | | | | | | |

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| Wet Area Shower/Shower Over Bath/Shower Modifications | | | | | | |
| Wet Area Shower Size\* \_\_\_\_ mm x \_\_\_\_ mm  Existing Shower Cubicle  Shower Over the Bath *Note: This may require waterproofing of walls onto bath edge with suitable wallboards that may restrict bath lip edge for equipment options.* | | | | | | |
| Wall Placement\*\* | | **Height** | **Either** | **Left** | **Right** | **Additional Notes** |
| Shower mixer height | | \_\_\_\_ |  |  |  |  |
| Base of slide shower height | | \_\_\_\_ |  |  |  |  |
| Shower mixer placement | | \_\_\_\_ |  |  |  |  |
|  | L’ Shape handrail 600mm x 600mm | \_\_\_\_ |  |  |  |  |
|  | Horizontal handrail 600mm | \_\_\_\_ |  |  |  |  |
|  | Vertical handrail 600mm | \_\_\_\_ |  |  |  |  |
|  | Other (incl. handrails) | \_\_\_\_ |  |  |  |  |
| \*shower curtain hangs 100mm inside this area/ \*min recommended dimensions are 1200mm x 1200mm  \*\*wall side is determined as if you were standing in the room looking AT the wall | | | | | | |

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| Wheelchair Accessible Vanity/Basin | | | |
| Vanity | | **Basin** | |
| Minimum clear space from floor to under vanity/basin: | \_\_\_\_ mm | Maximum height of vanity/basin top above floor: | \_\_\_\_ mm |
| Width of vanity/basin | \_\_\_\_ mm | Drawers for vanity: | Left  Right  None |
| Additional notes:  *Note: where possible the existing vanity/basin unit and/or tapware will be reused.* | | | |

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| Toilet Suite Replacement | |
| Standard Height Pan | Accessible Height Pan (450mm) |
| Additional notes:  *Note: if using Tilt-in-space chair please indicate the distance pan must be from the back wall.* | |

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| Bidet Installation |
| Model of Bidet to install: |
| Additional notes: |

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| Door Widening/Altering | | |
| Re-hang existing door from opposite side | Install “Hospital Hinges” *Note: These allow door to open wider from hinged side* | |
| New hinged door to be minimum clear opening width of \_\_\_ mm *Note: Clear opening affected by hinge placement and door stops* | | |
| New surface slider to be minimum clear opening width of \_\_\_\_\_ mm *Note: Clear opening can be affected by handle type. Please specify in notes below.* | | |
| New cavity slider\* to be minimum clear opening width of \_\_\_\_\_ mm *Note: Surface slider must be considered first. Provide rationale if requesting cavity slider. Clear opening can be affected by handle type. Please specify in the notes below.* | | |
| Install existing hardware *(if appropriate for client’s needs)* | | Install new hardware *(specify type in Additional Notes section below)* |
| Additional notes (i.e. handle height, type, are double doors required to achieve width?): | | |

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| Fencing and Gates |

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| Description: Fencing and gates are predominantly installed for people with challenging behaviours, so it is essential that the construction of these is such that there are NO climb points so consider this when designing fencing and gates:   * Palings installed facing into the safe play area without gaps (this may require council approval in some areas) * Never cut palings around posts as these create a climb point * Concrete nib is not included in design unless specified by Assessor as a disability related need * Horizontal metal (corrugate) will be bare galvanized metal eg. Zincalume. Coloursteel options are a property owner funded upgrade.   Gates:   * Gates can move after installation causing issues with the Magna-latch alignment. It is suggested that gates are built onto a steel frame and post to reduce the likelihood of movement. * When a transparent gate is requested this must be lined with Polycarbonate as Perspex can smash. * The gate cladding/lining must be installed facing into the safe play area * Gate to have spring to self-close | | | |
| **Height of fence** | 1800 mm  Other: \_\_\_ mm | **Fence Materials** | Timber paling  Horizontal metal corrugate  Other: \_\_\_\_\_\_ |
| **Gate height** | 1800 mm  Other: \_\_\_ mm |
| **Gate Materials** | Timber paling on metal frame  Polycarbonate on Pool type gate  Other: \_\_\_\_\_\_ |
| **Gate width** | 900 mm  Other: \_\_\_ mm |
| **Gate latch** | Magnalatch  Other: Model # \_\_\_\_\_\_\_  Height to gate latch operating knob: \_\_\_ mm | | |
| Additional Notes: | | | |

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| Easy Steps | | | | |
| Location of Easy Steps:  Front Door  Back Door  Other: \_\_\_\_\_\_\_\_\_ | | | | |
| Total Rise of Steps (a) | \_\_\_\_\_ mm | Height of Rise of Each Step (b) | | \_\_\_\_\_ mm |
| Width of Tread of Step (c) | \_\_\_\_\_ mm | Tread Depth (d) | | \_\_\_\_\_ mm |
| Height of Handrail Above Nose/Front Edge of Steps (e) \_\_\_\_\_ mm | | | | |
| **(a)**  **(b)**  **(c)**  **(d)))**  **(e)** | | | Note:   * Where possible the handrail will extend 300mm past the bottom step. * The rise (vertical face) of each step must be the same height. | |
| Additional notes: | | | | |

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| Ramps | | | | | | | | | | | | | | | |
| Location of Ramp:  Front Door  Back Door  Other: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Height from Ground to Threshold (a): \_\_\_\_ mm *Note: Doorways must have a level landing to allow safe door operations* | | | | | | | | | | | | | | | |
| Approximate Size of Platform: \_\_\_\_\_ mm x \_\_\_\_\_ mm | | | | | | | | | | | | | | | |
| Gradient (Slope of Ramp) | | | | | | | 1:12  Other (complete additional notes specify gradient required) | | | | | | | | |
| Handrails Required | | | Yes  No | | | | Height of Handrail Above Ramp Surface (c) | | | | | | \_\_\_\_\_ mm | | |
| Midrail Required | | | Yes  No | | | | Height of Mid-Rail | | | | | | \_\_\_\_\_ mm | | |
| Mobility Equipment Details | | | | | |  |  | | | | | |  | | |
| ☐ Powerchair | | | |  | ☐ Manual / Transit Wheelchair | | | | | | | | ☐ Other \_\_\_\_\_ | | |
|  | Make \_\_\_\_\_ | | | | Overall Length including client \_\_\_\_\_ mm | | | | | | | | Width \_\_\_\_\_ mm | | |
| Weight to be lifted (estimated) | | | | | | | |  | | | |  |  | | |
| Client \_\_\_\_\_ kg | | | | | | | | Equipment \_\_\_\_\_ kg | | | |  |  | | |
| Support person to use the lift at the same time | | | | | | | | | | Support Person weight \_\_\_\_\_ kg | | | |  |  |
| Total estimated weight to be lifted \_\_\_\_\_ kg | | | | | | | | |  | | |  |  | | |
| Type | | **Width (b):** | | | | | | | | | | | | | |
| Modular | | Approx. 1000mm (standard width)  Approx. 1200mm ­­­­­*Please provide reasoning:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Permanent | | Approx. 1200mm (standard width) | | | | | | | | | | | | | |
| Other | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm wide | | | | | | | | | | | | | |
|  | | | | | | | | | | | Note:  All ramps must have a minimum 75mm high kerb to comply with Building Code | | | | |
| Additional notes: | | | | | | | | | | | | | | | |

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| **Low-Rise Lifts** | | | | | | | | | |
| **Mobility Equipment Details** | | | | | | | | | |
| Powerchair  Manual / Transit Wheelchair  Other \_\_\_\_\_ | | | | | | | | | |
| Make | | \_\_\_\_\_ | | Overall Length including client | | \_\_\_\_\_ mm | | Width | \_\_\_\_\_ mm |
| Model | | \_\_\_\_\_ | | Turning Circle | | \_\_\_\_\_ | | Weight | \_\_\_\_\_ kg |
| **Weight to be lifted (estimated)** | | | | | | | | | |
| Client | \_\_\_\_\_ kg | | | | Equipment | \_\_\_\_\_ kg | | | |
| Support person to use lift at the same time | | | | | Support person weight | | \_\_\_\_\_ kg | | |
| Total estimated weight to be lifted | | | | \_\_\_\_\_ kg | | | | | |
| **Threshold Platform Size** | | | | | | | | | |
| Threshold Platform Size: \_\_\_\_\_ x \_\_\_\_\_ mm *Note: Doorways must have a level landing to allow safe door operations* | | | | | | | | | |
| **Lift Specifications** | | | | | | | | | |
| Lift Platform Size: \_\_\_\_\_ x \_\_\_\_\_ mm (refer <http://www.quinnlifts.co.nz> or <https://www.vestner.co.nz/> for sizes) | | | | | | | | | |
| Location of Lift | | | Front Door  Back Door  Other: \_\_\_\_\_ | | | | | | |
| Exit Orientation (when going up) | | | Straight Exit  Right Exit  Left Exit | | | | | | |
| Controls (when going up) | | | Right Side  Left Side  Call Buttons Top/Bottom  Remote Required | | | | | | |
| Estimated Total Rise (ground to floor): \_\_\_\_\_ mm | | | | | | | | | |
| **Note: Automatic Landing Barrier Arm is standard on all lifts where rise is over 500mm. Alternatively:**  Automatic Landing Barrier Arm required where rise is less than 500mm  Manual opening/self-closing Landing Gate required where rise is less than 500mm *Note: This will replace the Landing Barrier Arm. Provide rationale in the Application Form* | | | | | | | | | |
| Additional Notes: | | | | | | | | | |
| Have growth needs for future proofing been considered: | | | | | | | | Yes  No | |
| Is there a likelihood of moving into powered mobility within the next 2 years? | | | | | | | | Yes  No | |
| Power supply and/or RCD are accessible to the client  Yes  No | | | | | | | | | |

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| Other Housing Modification |
| Please describe: |