# ENAV503 Vehicle Purchase and/or Modifications Service Request Details

*To be completed by the EMS Vehicle Assessor*

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| Service Request Details | | | |
| Client Name | Enter text | NHI | [Insert NHI] |
| EMS Vehicle Assessor Name | Enter text | AEA No. | Enter text |

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| **Vehicle modification only  Vehicle Purchase and Modification  Already modified vehicle** |

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| Vehicle Details | |
| Vehicle make and model | Click or tap here to enter text. |
| Serial number | Click or tap here to enter text. |
| Cost of vehicle | $ Click or tap here to enter text. |

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| --- | --- |
| Funding Contributions Breakdown | |
| Private | $ Click or tap here to enter text. |
| Ministry of Health | $ Click or tap here to enter text. |
| NZ Lottery Grants Board | $ Click or tap here to enter text. |
| Other | $ Click or tap here to enter text. |

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| EMS Vehicle Assessor Confirmation | | | |
| This service request is being made for Vehicle Purchase and/or Modifications. The EMS Vehicle Assessor is responsible for ensuring the client has read and understood the Ministry of Health Funded Vehicle Purchase and/or Modification Information form (ENAV504) and authorises Enable New Zealand to use/disclose information as described in the Privacy Act Statement therein. The vehicle is appropriate and will meet the client’s long-term disability need.  I understand the fulfilment of the service request is subject to the technical specifications of the proposed vehicle modification complying with LVVTA requirements.  I confirm that the assessment and recommendation of vehicle modifications has been personally completed by me. The service request is correct and meets the criteria in the current Ministry of Health Vehicle Purchase & Modifications Services Manual. | | | |
| Signature: |  | Date: |  |