

Application for a Needs Assessment

Live the life you imagine

How to apply

Before you get started, you may find it useful to visit www.accessability.org.nz to learn about the Needs Assessment process and who is eligible.

1. Fill in this form to apply for a Needs Assessment. You can apply for yourself, or you can fill this form out on behalf of a family member, friend or client.
2. Send your application to us by email referrals@accessability.org.nz or post, or visit your local AccessAbility office. Our contact details are below.

A large print version of this application is also available. Please visit our website to download it or request a copy from your local office.

If you have any questions, please contact us on 0800 758 700

What if I have had a Needs Assessment with AccessAbility before?

You don't need to fill in this form unless we ask you to do it again. If your life has changed and you would like to be re-assessed early, please contact us.

Contact us

Otago / Southland office

otago@accessability.org.nz
Level 1, Burns House
10 George Street
Dunedin 9016

Taranaki office

contact@accessability.org.nz
PO Box 8377
New Plymouth 4342

Whanganui office

wanganui@accessability.org.nz
244 Victoria Avenue
Whanganui 4500

1. Your details		
Date of application for needs assessment		
Full name:		Phone number:
Address:		Mobile phone number:
Email address:		
Birth date:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Community Services Card number: Expiry date:
Are you a New Zealand Resident		<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Ethnicity</p> <p><input type="checkbox"/> New Zealand Maori Iwi:</p> <p><input type="checkbox"/> New Zealand European/Pakeha</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other:</p>	
<p>Which language do you prefer to speak?</p>	<p>Would you like an interpreter/cultural support for any meetings or conversations with the AccessAbility team?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
<p>Who do you live with?</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Alone</p> <p><input type="checkbox"/> My partner</p> <p><input type="checkbox"/> Friends</p> <p><input type="checkbox"/> Other:</p>	<p>Alternate contact or next of kin</p> <p>Name</p> <p>Relationship to you</p> <p>Address</p> <p>Phone</p>
<h2>2. Consent details</h2>	
<p>Tick the option that applies best to you:</p> <p><input type="checkbox"/> I am filling out this form myself and I give AccessAbility permission to use the information.</p> <p><input type="checkbox"/> I am filling out this form for someone else and have their consent.</p> <p><input type="checkbox"/> I am filling out this form for someone else and do not have their consent because:</p>	
<p>Full name of person filling out form:</p>	<p>Relationship to disabled person (if filling out this form on someone's behalf):</p> <p>Address:</p> <p>Contact email:</p>

	Contact Phone:
--	----------------

3. Your medical information

Name and contact number of your doctor (GP): Name: Phone:	National Health Index (NHI) number (if you know it):
---	--

My disability is:

If it's the first time you have worked with us, and you have a diagnosis of Intellectual Disability or Autism Spectrum Disorder, please attach relevant specialist reports. For all other diagnosis you can ask your doctor or specialist to fill out a 'Confirming your disability' form. This is available on our website: www.accessability.org.nz

I also live with these medical/mental health/accident-related conditions:

4. Reasons for application

How urgently do you feel that you need support in your current situation?

<input type="checkbox"/> Non urgent	<input type="checkbox"/> Semi urgent	<input type="checkbox"/> Urgent
(application progressed within one week)	(application progressed within 2 days)	(application progressed within 1 day)

Describe the reasons for your application. What do you need support with because of your disability?

Describe any safety, hazards or sensitive issues that AccessAbility staff need to know about.

What other people or organisations are you working with? This includes places you currently receive support from.

Specialist:

ACC:

Social worker:

Paediatrician:

Therapist:

Agencies:

Psychologist:

Other:

5. Hospital discharge information (if recently discharged)

Discharge date:

Are short-term support services in place?

Yes, between these dates:

_____ and _____

No

Is your home suitable for your immediate and ongoing support needs?

Yes

No, because:

Please include any additional information you feel is relevant to this application.

Thank you for completing this application. We will respond as soon as we can.