# Replacement Equipment

## The item of equipment needs replacement due to being beyond economic repair. The person has already undergone an assessment and has an existing item of equipment on long-term issue. This form may only be used to replace the previous item of equipment with the same or a similar item of equipment. The EMS Assessor is responsible for ensuring the person receiving the equipment has read and understood. The Equipment Information Form and Care and Use of Equipment Form authorise Enable New Zealand to use/disclose information as described in the Privacy Act Statement.

**To be completed by the Repair Service or EMS Assessor**  **Date:** Enter a date.

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| **Client Information – Repair service to complete as far as possible** |
| **Family name**  | Family name  | **First name** | First name  |
| **Date of birth** | DOB. | **NHI Number** | NHI #. |
| **Street address** | Address |
| **Town / City**  | Town / City | **Post code** | Post code |
| **Repair service details** |
| **Name** | First and Last name  | **Phone number** | Phone number |
| **Assessment service details** |
| **Te Whatu Ora or Organisation** | Enter text. | **Department** | [ ]  **OT** [ ]  **PT** [ ]  **CDU**[ ]  **Allied Health** |
| **Phone number** | Phone number |
| **Existing equipment – *the equipment list below is beyond economic repair*** |
| **Equipment type** | **Supplier** | **Description / Size / Type** | **Asset number**  |
| Equipment type. | Supplier | Description. | Asset # |
| Equipment type. | Supplier | Description. | Asset # |
| \***Reason(s)** | Enter text. |
| **Loan equipment –** *the equipment list below has been loaned to the client* |
| **Equipment type** | **Supplier** | **Description / Size / Type** | **Asset number** |
| Equipment type. | Supplier | Description. | Asset # |
| Equipment type. | Supplier | Description. | Asset # |
| Equipment type. | Supplier | Description. | Asset # |
| **To be completed by the EMS Assessor –** *Please complete any missing client details above* |
| **Equipment type** | **Supplier** | **Description / Size / Type** | **MoH List Equipment # or Catalogue #** | **Exact Item\*** |
| Equipment type. | Supplier | Description. | List or cat #. | Exact item |
| Equipment type. | Supplier | Description. | List or cat #. | Exact item |
| *\*Enable New Zealand will provide items of equipment that are similar to the items requested if available in Enable Stores. If this is not going to be appropriate the EMS Assessor needs to explain why only the requested item will be suitable.*  |
| **EMS Assessor details**  |
| **Name** | First and Last name  | **EMS Assessor number** | Assessor # |
| **Email**  | Email  | **Phone number** | Phone number |
| **EMS Assessor Declaration*:*** *By completing and submitting this electronic service request I confirm that the assessment and selection of equipment has been personally completed by me and the service request is correct and meets the criteria in the current DSS Equipment & Modifications Services Manual.* | **Date sent** | Enter a date. |
| **Delivery details** |
| **Please indicate a delivery address**  | **Client name** | First and Last name  |
| **Delivery instructions** | Delivery instructions  | **Street Address** | Address |
| **Town / City** | Town / City |
| **Post code**  | Post code |
| **Contact number** | Phone number |