# ENAV504 MOH Funded Vehicle Purchase and/or Modification Information

*The EMS Vehicle Assessor is responsible for ensuring the client has   
read and understood this form and authorises Enable New Zealand to   
use/disclose information as described in the Privacy Act Statement. The EMS   
Vehicle Assessor and client should each keep of copy of this form for their records.*

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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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| Client and/or Vehicle Owner Responsibilities  * Where the Ministry of Health have contributed to a vehicle purchase, the client/vehicle owner takes over the ownership of the vehicle. * All maintenance and repairs to the vehicle and/or modifications are the responsibility of the client/vehicle owner including running costs, warrant of fitness and registration. * All insurance costs of the vehicle and/or modifications are the responsibility of the client/vehicle owner. * Please note: Funding of replacement vehicles and/or modifications due to accident, vandalism or misuse will not be provided.  Privacy Act Statement The information on the application will be used:   * for the purpose of assessing funding by the Ministry of Health and to ensure that the client is eligible * to assist the Ministry of Health in planning and funding future services * for such other functions as permitted under law * For the collection of statistical information to assist the Ministry of Health to develop a clear picture of the requirements for disabled people and to ensure that future access to Disability Support Services is fair and equitable   Enable New Zealand will provide the Ministry of Health with information about the services you may receive.  Provision of information in this form is voluntary but assessment for funding may depend upon all relevant information being provided by you. You have the right to access the information held about you and the right to have corrections made to this information. The Health Information Privacy Code applies to the information collected under this form. |

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| Client Declaration | | | |
| I understand that when I sign this form, I agree to the submission of my vehicle purchase/modification service request and that information given is true and correct. I authorise Enable New Zealand to use/disclose information as described in the statement above and confirm that my EMS Vehicle Assessor has told me about:   * Ministry of Health funding guidelines, including client/vehicle owner responsibilities, for vehicle purchase and/or modification * The assessment and service request process (including timeframes) * The specifications and projected costs, including any costs which will need to be paid over the amount contributed by the Ministry of Health * The information that will be included in the service request and who this information may be shared with | | | |
| Signature:\* |  | Date: |  |

\*The signature of a guardian/agent is required if the client is under 16 years or is unable to sign. If applicable, please include the name of the person signing and their relationship to the client: