If you’re a housing assessor, complete parts A, B and C of this form to provide a comprehensive report of the client’s housing modification needs and solutions that don’t require building consent.

When you’ve finished, return the completed form to the Housing Modification service provider who will complete part D. Once the modifications are complete, you will be contacted to complete a final assessment and the *ACC1565 Certificate of satisfactory completion* form.

Part A – Assessment details

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| 1. Client details |
| Client name:       | Claim number:       |
| Date of birth:       | Email address:       |
| Contact phone number:       | Alternative contact number:       |
| Address where modifications are to take place:       |
| Current physical address (if different):       |

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| 2. Client’s representative details – if applicable |
| Name of client’s representative:       | Relationship to the client:       |
| Postal address:       |
| Email address:       | Contact phone number:       |

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| 3. ACC details |
| ACC contact person:       | ACC office:       |
| Contact phone number:       | Email address:       |

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| 4. Participants in assessment |
| Name of participant | Relationship to client | Contact phone number | Method of participation, eg meeting, phone contact etc |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| 5. Claim details |
| Date of injury:      |
| Brief description of injuries:       |
| Strengths, eg regular gym user, good balance, supportive family, strong upper limbs:       |
| Primary functional (activity) limitations as a result of injuries:       |

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| 6. Non-injury related needs |
| Non-injury-related functional (activity) limitations. |
| Does the client have a non-injury-related disability or illness, eg arthritis, heart disease, that adversely affects them gaining access or enjoying freedom of movement and living independently in their home? |
| [ ]  No – go to section 7 [ ]  Yes – please explain:       |

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| 7. Social and other considerations |
| We’re unable to fund modifications to hospitals, hostels, hotels, motels, rest homes and other similar organisations. If the residence to be modified is one of the above, please contact ACC for advice before proceeding with this assessment.  |
| The client is: |
| [ ]  the property owner of the home being modified. Ensure the client completes the attached *ACC1563 Housing modification consent* and *ACC1564 Housing modification responsibilities* forms |
| [ ]  renting the home being modified from the Housing New Zealand Corporation (HNZC). Ensure the client completes the attached *ACC1564 Housing modification responsibilities* form*.* |
| [ ]  renting the home being modified from a private landlord. Ensure the client completes the attached *ACC1564 Housing modification responsibilities* form*.*  |
| [ ]  a dependant/minor/other - please describe:       |
| If the client is **not** the property owner of the home being modified, please provide contact details for the property owner below. The property owner will need to complete the *ACC1563 Housing modification consent* form. |
| Property/owner name:       | Property owner contact phone number:       |
| Property owner address:       | Property owner email address:       |
| Living environment |
| How long has the client lived in this home?  |       years       months [ ]  N/A, eg hasn’t taken possession of the home or is building a new home |
| Have modifications previously been done to this home? | [ ]  Yes [ ]  NoIf yes, please describe:       |
| Do these modifications meet the client’s assessed injury-related needs? | [ ]  Yes [ ]  No [ ]  N/AIf no, please explain:       |
| Have the client’s injury-related needs changed since any previous modification to this home? | [ ]  Yes [ ]  No [ ]  N/AIf yes, please describe how these needs have changed:       |

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| Is the client intending to move from a home that presently meets their injury-related needs? | [ ]  Yes [ ]  No If yes, when does the client intend to move?      If yes, what is the reason for the move?       |

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| 8. Living situation following proposed modifications |
| Following the modifications the client will live: [ ]  alone [ ]  with family/whānau [ ]  with people other than family/whānau |
| Describe the household:       |
| Describe the contribution to housekeeping the client and others in the household will make:       |
| Describe other relevant details that may have an impact on the modifications, eg childcare:       |

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| 9. Outcomes to be achieved by the proposed modifications |
| Describe the outcomes that will be achieved by the proposed modifications to meet the client’s injury-related needs:       |

Part B – Design details

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| 10. Design details |
| Are further modifications likely to be required at a future date, eg is this part of a staged modification? |
| [ ]  No [ ]  Yes |
| [ ]  Ramp |
| Location of ramp: [ ]  Front door [ ]  Back door [ ]  Other       |
| Height of platform above ground at doorway:       mm (a) [Note: must not exceed one metre] |
| Approximate size of platform:       mm x       mm |
| Maximum width of ramp:       mm (b) measured between kerb and rails |
| Gradient (slope of ramp): 1:       mm (minimum safe gradient is 1:12) |
| Rails required? [ ]  Yes [ ]  No  |
| Height of rail above ramp surface:       mm (c) |
| **(b)****(c)****(a)** |
| Notes:       |
| [ ]  Easy steps |
| Location of easy steps: [ ]  Front door [ ]  Back door [ ]  Other       |
| Total of rise of steps:       mm (a) | Height of rise of each step:       mm (b) |
| Width of tread of steps:       mm (c) | Tread length:       mm (d) |
| Height of rail above pitch of steps:      mm (a) |
| **(a)****(b)****(c)****(d)****(e)** |
| Notes:       |
| [ ]  Rails - external |
| Location of rails: [ ]  Front door [ ]  Back door [ ]  Other       |
| Rail type: [ ]  Galvanised [ ]  Timber  | Quantity:       |
| Length of rails:       mm | Height of rails:       mm above floor |
| Notes:       |
| [ ]  Rails - internal |
| Location of rails: [ ]  Bathroom [ ]  Toilet [ ]  Other       |
| Rail type: [ ]  Stainless steel [ ]  Timber [ ]  Powder coated |
| Length of rails:       mm | Quantity:       |
| Height of rails:       mm above floor |
| Notes:       |

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| 11. Additional modifications required |
| **Functional limitations**Describe the effect of the functional limitations within the current environment. Relate the impact of each functional limitation to specific areas within the home | **Solution**Describe solutions to meet rehabilitation outcomes |
| Access |       |       |
| Bathroom |       |       |
| Kitchen |       |       |
| Laundry |       |       |
| Other |       |       |
| **Please attach photos of areas of difficulty within the home** |

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| 12. Attachments (tick attached) |
| Please ensure you include the builder’s sketch plans and quote when you send the completed form to the Housing Modification service provider. |
| [ ]  Builder’s quote[ ]  Builder’s sketch plans of modifications attached |

Part C – Housing assessor declaration

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| 13. Declaration |
| By completing and submitting this electronic assessment report:* I confirm that this information is complete and accurate
* I’ve carefully considered and documented the client’s injury-related limitations and the effects their environment has on the client gaining access to the home and moving freely within the home

I’ve considered and noted all suitable options that could safely and effectively assist the client with their assessed injury-related needs. |
| Assessor’s name:       | Vendor name:       |
| Vendor number:       | Purchase order number:       |
| Contact phone number:       | Email address:       |
| Date of referral:       | Date of assessment:       |
| Signature:       | Date:       |

Part D – Housing Modification service provider declaration

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| 14. Declaration |
| By completing this report, the Housing Modification service provider representative confirms that the options and quote are appropriate to achieve the modification solutions in a practicable manner. |
| Housing Modification service provider representative’s name:       |
| Date builder authorised to commence agreed modifications:       |
| Signature:       | Date:       |

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC’s privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Complete this form to confirm that you own the property and consent to it being modified. When you’ve finished, please return this form to ACC.

|  |
| --- |
| 1. Client details |
| Client name: [Client full name auto]  |
| Postal address: [Additional Recipient Reference Auto][Postal Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto] |

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| 2. ACC details |
| ACC contact person: [Staff member auto] | ACC office: [ACC office auto] |
| Contact phone number: [Phone number auto] | Email address: [Email address auto] |

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| 3. Property details |
| Are you the: [ ]  Owner occupier [ ]  Owner with a tenant requiring modifications |
| Your name:       | Contact phone number:       |
| Address of property where modifications are taking place:       |

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| 4. Declaration and signature |
| I confirm that: * I am the owner of the property listed above and I have the authority to consent to housing modifications on this property.
* I have read and understand the housing modification plans.
* I consent to the intended modifications to the property listed above.

I confirm that I understand the following responsibilities:* If I have a mortgage on the property listed above, I have advised my bank or lending institution of any structural modification and received their consent to proceed.
* I am responsible for advising my home and/or contents insurance provider that modifications may take place.
* I am responsible for insuring the home modifications, not ACC.

I confirm that I understand ACC is:* not required to repair or replace any home or modifications that are not insured and are damaged
* not required to repair or replace any modifications.
* not responsible for the cost of removing modifications no longer needed or returning the home to its former state.
* not responsible for any loss of value to the home because of the modifications or the removal of the modifications.

I confirm that I understand ACC’s contribution is:* not transferrable to another property and relates only to the property listed above.

not recoverable by ACC if modifications are removed, no longer required or the client no longer resides in the modified home. |
| Signature: | Date:      |

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Complete this form to agree to the responsibilities you and ACC have if ACC carries out modifications to your home.

Please read the form carefully then sign it to show that you agree to the responsibilities.

If you have any questions, please contact your ACC contact person who will be happy to help.

When you’ve finished, please return this form to your ACC contact person.

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| --- |
| 1. Client details |
| Client name: [Client full name auto]  | Claim number: [Claim number auto] |
| Postal address: [Additional Recipient Reference Auto][Postal Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto] |

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| --- |
| 2. ACC details |
| ACC contact person: [Staff member auto] | ACC office: [ACC office auto] |
| Contact phone number: [Phone number auto] | Email address: [Email address auto] |

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| 3. Responsibilities |
| **Before any work starts** |
| * If asked to do so, you’re responsible for getting written consent for the modifications from the property owner
* If you’re the property owner and have a mortgage for the property, you’re responsible for advising your bank or lending institution of any structural modification and getting their consent to proceed
* You’re responsible for advising your home and/or contents insurance provider that modifications may take place
* ACC is responsible for assessing your injury-related needs and developing a cost-effective solution to meet those needs

ACC will work with you to determine what modifications we can fund and we’ll get your agreement on these before any work starts |
| **During the modifications** |
| * ACC will arrange for a project manager to oversee the modifications process, unless the modifications are minor. The project manager can manage the whole process on your behalf. ACC will meet the cost of the project manager

ACC will not be a contracting party at any stage of the modifications |
| **Insurance,** **maintenance, repair and removal of the modifications** |
| * The property owner, not ACC, is responsible for insuring the home modifications
* ACC is not required to repair or replace any home or modifications that are not insured and are damaged
* ACC’s not responsible for:
	+ the cost of removing modifications no longer needed
	+ for any loss of value to your home because of the modifications, or because the modifications are removed from the home.
 |
| **Funding and payments** |
| * ACC is only responsible for paying for the injury-related modifications and associated costs agreed to
* ACC’s contribution is:
	+ not transferable to another property and relates only to the property you’ve asked ACC to consider in your application
	+ paid once you, the independent assessor and our contracted housing modification supplier confirm that the work meets the agreed plans and your injury-related needs

If the modifications are removed or no longer required, or you no longer live in the modified home, ACC can’t recover any payment made to you |
| **If you need to move in the future**  |
| * If you move from your modified house, ACC is not responsible for the cost of returning the home to the way it was before the modifications were carried out
* If you choose to move from a modified home to a home needing modification, ACC may decline to pay for modifications to the new home

If you want ACC to pay for modifications to another home, you need to let us know before you move, so ACC can make a decision about funding modifications before you move. |

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| 4. Client/representative’s agreement |
| I am the: [ ]  client [ ]  client’s representative [ ]  client’s parent/guardian |
| Full name:        | Claim number:       |
| I have read and understand the responsibilities set out above. |
| Signature:       | Date:       |

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