

Higher Level Subsidy Application Form

The information provided will be used for the issue of equipment and for statistical purposes only. Under the Privacy Act the person has the right to access this information, and is entitled to request any information held about them to be corrected.

Client Details:

Family Name _____ Date of Birth _____
 First Names _____ Tel. () _____
 Street Address _____ NHI# _____
 Suburb _____ City _____
 Gender Male Female Ethnicity _____

Criteria:

- Children with rapidly progressing myopia who require assessing six monthly and possible six monthly modifications to spectacles.
- Children with amblyopia or strabismus who require more extensive intervention.

The above client needs further intervention because of:

- Rapidly progressing myopia Amblyopia Strabismus

Rationale:

(Please identify the further intervention required in relation to the above condition).

Costs Involved:

Item (e.g. patches).	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____

Supplier Name _____ *(i.e. Name of Company/Business).*

Specialised Assessor Details:

Name _____ Tel. () _____
 Enable New Zealand Code _____

I certify that I have sighted supporting eligibility documentation and that the details contained in this application are correct.

Signature _____ Date ____/____/____