

Spectacles 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.

Parent/Guardian or Agent Details:

Family Name _____ Title _____
 First Names _____ Suburb _____
 Home Address _____ City _____

I certify that the applicant is 15 years and under **AND** is a holder of a valid High Health Use Card **OR** the family holds a current Community Services Card. I understand that the subsidy level is for \$281.25 per year from the date of the first assessment, with a further \$50.00 available if an adult size frame is required.

Signature _____ Date ____/____/____

Client Details:

Family Name _____ Date of Birth _____
 First Names _____ Tel. (____) _____
 Street Address _____ NHI# _____
 Suburb _____ City _____
 Gender Male Female Ethnicity _____
 Family Community Services Card Number _____ Exp. Date _____
 Applicant High Health User Card Number _____ **Or** Exp. Date _____

To Be Completed By The Supplier:

Supplier Name _____ (i.e. Name of Company/Business).
 Full cost of the items to be claimed for:
 Assessment & Prescription \$ _____
 Frame (Child) \$ _____
 Frame (Adult) \$ _____
 Spectacle Lens \$ _____
 Eye Patch \$ _____
 Repairs \$ _____

Specialised Assessor Details:

Disability Type (Please tick the appropriate box).
 Myopia Anisometropia Strabismus
 Hypermetropia Astigmatism Amblyopia
 Binocular/Acommodative Anomalies Other None
 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 ____/____/____