| Enable_RGB | | | | **ENASS01** | **Ministry of Health**  **CHILDRENS SPECTACLE SUBSIDY**  **SpecsEnquiries@enable.co.nz 0800 362 253** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The information provided will be used for the provision of the childrens spectacle subsidy 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. If you are collecting personal information and forwarding to Enable New Zealand you need to ensure you have the individual’s permission to do so.  **Claim Applications Outside the Clinical Guidelines**  Some children may need spectacles outside of the guidelines range; however, these cases would be an exception under genuine and exceptional circumstances. To make an application for the Spectacle Subsidy outside the ranges, submit your request by completing the information in pages 1 and 2 in full detail.  Email this form to [SpecsEnquiries@enable.co.nz](mailto:SpecsEnquiries@enable.co.nz). It is recommended that the Supplier await approval before proceeding with the client’s spectacles. Funding is not approved until formally advised by Enable in writing. | | | | | | | | | |
| **CLIENT DETAILS** | | | | | | | | | |
| **OFFICE USE ONLY - JDE #** | | | | | | | | | |
| **NHI:** | |  | | | | | **Date of Birth:** | | Click or tap to enter a date. |
| **Surname:** | |  | | | | | | | |
| **First Name(s):** | |  | | | | | | | |
| **Street Address:** | |  | | | | | | | |
| **Town/City:** | |  | | | | | | | |
| **Postcode:** | |  | | | | | | | |
| **Telephone:** | |  | | | | | | | |
| **Gender:** | | Male  Female | | | | | **Ethnicity:** | |  |
| **PARENT/GUARDIAN DETAILS** | | | | | | | | | |
| **Surname:** | |  | | | | | | | |
| **First Name(s):** | |  | | | | | | | |
| **Physical Address:** | |  | | | | | | | |
| **Valid Child / Family Community Services Card:** | | | | | | | | | |
| **Valid Applicant High Health Use Card:** | | | | | | | | | |
| **Card Number:** |  | | | | | **Expiry Date:** | | Click or tap to enter a date. | |
|  | | | | | | | | | |
| **TO BE COMPLETED BY THE SUPPLIER** | | | | | | | | | |
| **COMPANY DETAILS** | | | | | | | | | |
| **Company Name:** | | |  | | | | | | |
| **Physical Address:** | | |  | | | | | | |
| **Postal Address:** | | |  | | | | | | |
| **Telephone:** | | |  | | | | | | |
| **Email:** | | |  | | | | | | |
| **ASSESSOR DETAILS** | | | | | | | | | |
| **Surname:** | | |  | | | | | | |
| **First Name(s):** | | |  | | | | | | |
| **EMS Assessor Number:** | | |  | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VISION ASSESSMENT** | | | | | | | | | | | | | |
| **Type of Vision Impairment:** | | | | | | | | | | | | | |
| Hypermetropia  Anisometropia  Binocular/Accommodative Anomalies  Astigmatism | | | | | | | | | | | | | |
| Rapidly Progressing Myopia  Amblyopia  Strabismus  Other | | | | | | | | | | | | | |
| If other please state: | | |  | | | | | | | | | | |
| **Prescription:** | | | | | | | | | | | | | |
| **Right Eye:** | Sphere | |  | Cyl | |  | | Axis |  | | Corrected Visual Acuity | | 6/ |
| **Left Eye:** | Sphere | |  | Cyl | |  | | Axis |  | | Corrected Visual Acuity | | 6/ |
| **Reason for prescribing outside clinical guidelines:** *To view the guidelines, go to* [*http://www.disabilityfunding.co.nz/spectacle-subsidy*](http://www.disabilityfunding.co.nz/spectacle-subsidy) | | | | | | | | | | | | | |
| **Rationale** (e.g. if adult size frames are recommended or a frame exceeds $250 for the higher level subsidy clinical rationale is required): | | | | | | | | | | | | | |
| **Reason for Spectacle Tinting/Photochromic Lenses**  Albinism  Severe photophobia due to anterior pathology (please state pathology type) | | | | | | | | | | | | | |
| **Higher Level Subsidy Assessment:** *(refer to the* [*Spectacle Subsidy Manual*](https://www.disabilityfunding.co.nz/__data/assets/pdf_file/0020/1478/CSS-manual-Dec-14.pdf)*)* | | | | | | | | | | | | | |
| The higher level subsidy is being claimed because:  Child has a rapidly progressing myopia and requires assessment six monthly and possible six monthly modification to spectacles.  Child has amblyopia or strabismus and requires more extensive intervention. | | | | | | | | | | | | | |
| **COSTS** | | | | | | | | | | | | | |
| Assessment & Prescription | | | | | | | | | | | | | **$** |
| Frame (child) | | | | | | | | | | | | | **$** |
| Frame (adult) | | | | | | | | | | | | | **$** |
| Spectacle Lenses | | | | | | | | | | | | | **$** |
| Spectacle lens tinting/photochromic (maximum $150 pair of lenses) | | | | | | | | | | | | | **$** |
| Repairs | | | | | | | | | | | | | **$** |
| Eye Patch | | | | | | | | | | | | | **$** |
| **TOTAL COST (incl GST)** | | | | | | | | | | | | | **$** |
| **Spectacle Subsidy Claim (**incl GST**) $** | | | | | | | | | | | | |  |
| **Family Contribution (**incl GST**) $** | | | | | | | | | | | | |  |
| **EMS ASSESSOR DECLARATION** | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | |
| *I certify that I have sighted support eligibility documentation and that the details contained in this application are correct and will only be used for their intended purpose.* | | | | | | | | | | | | | |
| **ASSESSMENT DATE** | | | Click or tap to enter a date. | | **DATE SENT to Enable New Zealand** | | Click or tap to enter a date. | | | **SIGNATURE** | |  | |