|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enable_RGB | **ENAV503** | **ALREADY MODIFIED VEHICLE**  **DETAILS FORM**  **moh.processing@enable.co.nz 0800 362 253** | | |
| ***To be completed by the EMS Assessor, the person (or their representative) and the vehicle modification technician if required, to support a Service Request for an already modified vehicle.*** | | | | |
| OFFICE USE ONLY Client No: | | | Assessor No: | S/O No: |

|  |  |  |  |
| --- | --- | --- | --- |
| Client Name: | | | EMS Assessor Name: |
| **VEHICLE DETAILS** | | | |
| Vehicle Make and Model | |  | |
| Serial Number | |  | |
| Cost of Vehicle | | $ | |
| **Funding for new vehicle includes:** | | | |
| Ministry of Health | | $ | |
| Private | | $ | |
| NZ Lottery Grants Board | | $ | |
| Other | | $ | |
| **EMS ASSESSOR CONFIRMATION** | | | |
| The vehicle is appropriate and will meet the client’s long term disability need. | | | |
| **EMS Assessor Signature** | |  | |
| **VEHICLE DEALER DETAILS** | | | |
| Dealer Name | |  | |
| Street Address | |  | |
| Town/City | |  | |
| Postcode | |  | |
| Telephone number | |  | |
| Fax Number | |  | |
| Email Address | |  | |
| **VEHICLE MODIFICATIONS** | | | |
| Description of Modifications in the Vehicle | | | |
| Current New Zealand LVVC/Vin - Number: | | | |
| Hoist - Age and state: | | | |
| Swing out seat – Age and state: | | | |
| Other Mechanical Modification – Please describe including age and state: | | | |
| Cost for Modifications if provided new: $ | | | |
| Additional Modifications required:  Yes  No | | | |
| Vehicle Modification Technician: | | | |
| Cost: $ | | | |
| **ATTACHMENTS** | | | |
|  | Quote from the vehicle dealer showing purchase price including GST of proposed vehicle | | |
|  | Quote for additional vehicle modifications to proposed vehicle (if required) | | |
|  | Quote for vehicle modifications in an already modified vehicle (if provided new) | | |