

NASC 1004 Notification



MINISTRY OF
HEALTH

MANATŪ HAUORA

Assessment type

NASC Organisation Name

Client Details

Family Name First Name

NHI Number Date of Birth Gender: Male Female

Other Name Known By:

Family Name First Name

CSC Number Expiration date

Residential Address:

Number Street Phone Number

Suburb City Postcode

Ethnic Group 1 Ethnic Group 2

Full Time Care Giver Details

Family Name First Name

NHI Number Date of Birth Gender: Male Female

Residential Address:

Number Street Phone Number

Suburb City Postcode

Assessment Details

Date Needs Assessment Done Disability Group Prim.

Review Date Disability Group Sec.

Assessors/Coordinators Name Phone Number

Community Services

Home Support

Personal Care Advanced Personal Care Provider

Units (hrs/wk) Start date End Date

Personal Care Advanced Personal Care Provider

Units (hrs/wk) Start date End Date

Household Management

Provider Units (hrs/wk) Start date End Date

Provider Units (hrs/wk) Start date End Date

Day Care / Community Activity Programme

Provider Units (days/wk) Start date End Date

Night Sitter / Sleepover

Provider Units (hrs/wk) Start date End Date

Supported Independent Living

SIL

Provider Units (hrs/wk) Start date End Date

SIL Setup / Review

Provider Units (hrs/wk) Start date End Date

Carer Support Allocation

Provider Units (days/wk) Start date End Date

Respite Care / Short Term Care

Provider Units (days/wk) Start date End Date

Long Term Residential Services (for older people)

Facility Services

Close in age and interest / Fully Funded Start Date

Long Term Residential Services (for younger people)

Facility Level Ind Daily Rate (excl GST)

Contract # Start Date

Service Coordinator Signature

Date