

# Disability Allowance – Medical Alarm Costs Self-assessment Form



Work and Income  
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

BENEFIT TYPE

Client Name

First name(s)

Surname

Disability Allowance may be paid to cover the ongoing costs of a medical alarm if the need for a medical alarm is directly related to a person's disability or personal health. The following questions are to assist you and Work and Income in making a decision as to whether a medical alarm is essential because of your disability or personal health need.

## 1. Who or what prompted you to obtain a medical alarm?

1(a) Have you discussed this with your doctor? No  Yes

2. In the last 52 weeks have there been circumstances when you needed medical assistance but were unable to summon help? No  Yes

3. Have you been assessed by a health professional as needing:  
Home help No  Yes  Meals on wheels No  Yes   
Respite care No  Yes

## 4. Are you able to:

Garden No  Yes  Visit library/shops No  Yes   
Move around without assistance No  Yes  Drive a car No  Yes   
Participate in community activities No  Yes

5. Do you currently have a medical alarm? No  If no, go to question 6 Yes

5(a) How long have you had the alarm? Years  Months

5(b) What company is your medical alarm supplied by?

6. After answering the questions above, do you still consider that a medical alarm is essential for your independent living? No  Yes

If no, you will not qualify to have the medical alarm costs included in your Disability Allowance. If yes please take this form to your doctor to have the Special Medical Certificate (over the page) completed. If someone has helped you to complete this form they need to fill in the 'Helper's Statement' over the page

The information I have given is true and I have not left anything out.

Signature

Day

Month

Year

## HELPER'S STATEMENT

To be completed by any person who has helped the applicant fill in this form.

Helper's name

What is your address and phone number?

Address


Phone number

How are you related to the applicant?

I completed this form at the request of the applicant. The information I have given in this application is true and I have not left anything out.

Signature

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Day

Month

Year

## SPECIAL MEDICAL CERTIFICATE

I , being a registered health professional, have personally examined my patient .

I have assessed his/her situation and consider that:

1. The need for a medical alarm is ongoing and directly related to their disability/personal health need    No     Yes

2. The medical alarm is essential to maintain independent living    No     Yes

3. The need for a medical alarm should be reviewed in    3 mths     6 mths     12 mths

Signature

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Day

Month

Year

Profession

**IN CONFIDENCE**

**IN CONFIDENCE**