|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submit ARRC Request Form to** [**request\_forms@health.govt.nz**](mailto:request_forms@health.govt.nz)  Mandatory fields to be completed**\***  No Embedded Documents are to be included in the ARF | | | | |
|  | | | | |
| **AGED RELATED RESIDENTIAL CARE AGREEMENT REQUEST FORM** | | | | |
| Agreement Request Form**\*** | New Agreement |  | Variation |  |
| Does this replace a previous Request Form**\*** | Yes |  | No |  |

|  |  |
| --- | --- |
| **SUPPLIER / PROVIDER DETAILS** | |
| **Legal Entity Name\***  *(New Entities require a Supplier – Provider Additions and Amendments Form)* |  |
| **Trading as** *(if applicable)* |  |
| **Postal Address\*** |  |
| **Physical Address\*** |  |
| **Supplier / Provider Contact Name\*** |  |
| **Supplier / Provider Email Address\*** |  |
| **Supplier / Provider Performance Reporting Contact Name**  (*If Performance Reporting is collected via Sector Operations***\***) |  |
| **Supplier / Provider Performance Reporting Email Address**  (*If Performance Reporting is collected via Sector Operations***\***) |  |
| **Provider Number\*** *(unless new supplier / provider)* |  |
| **New Zealand Business Number (NZBN)\***  *As per NZBN website* [*https://www.nzbn.govt.nz*](https://www.nzbn.govt.nz) |  |
| **COMMISSIONER DETAILS** | |
| **Commissioner\*** | Health New Zealand | Te Whatu Ora |
| **National Team / Region\*** |  |
| **District** (if from a Region**\***) |  |
| **COMMISSIONER DETAILS** | |
| **Agreement Manager Name\*** |  |
| **Agreement Deputy Name\*** |  |
| **Receiptor Name\*** |  |
| **Receiptor Email Address\*** |  |
| **Finance Manger** (*if different to the above Receiptor)* |  |
| **Service Area / Life Courses\*** |  |
| **AGREEMENT DETAILS** | |
| **Agreement Name\*** | Aged Related Residential Care |
| **Original Agreement No**. *(Variations only***\****)* |  |
| **Agreement / Variation Start Date\*** |  |
| **Agreement / Variation End Date\*** |  |
| **Agreement Type \*** | Aged Related Residential Care |
| **Ethnic Classification** |  |

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| **SERVICE DETAILS PAGE (TICK RELEVANT SERVICE)** | | |
|  | | |
| FACILITY DETAILS | | |
| **Facility Name**\* |  | |
| **Facility Address**\* (Facility’s Physical Address) |  | |
|  | |  |
|  | | TICK |
| Service Detail | |  |
| **Purchase Unit Code**\* | HOP1032 | |
| **Purchase Unit Description**\* | Residential (Aged – Dementia) | |
| **Ethnic Classification**\* | General | |
| **GST Percentage**\* | 12.3% | |
| **Payment System**\* | CCPS | |
| **Purchase Method**\* | PVUCP | |
| **Price Per Unit (GST Excl) \*** | $ | |
| **Service Start Date\*** |  | |
| **Service End Date\*** |  | |
|  | | |
|  | | TICK |
| Service Detail | |  |
| **Purchase Unit Code**\* | HOP1033 | |
| **Purchase Unit Description**\* | Residential (Aged – Rest Home) | |
| **Ethnic Classification**\* | General | |
| **GST Percentage**\* | 12.3% | |
| **Payment System**\* | CCPS | |
| **Purchase Method**\* | PVUCP | |
| **Price Per Unit (GST Excl) \*** | $ | |
| **Service Start Date\*** |  | |
| **Service End Date\*** |  | |
|  |  | |
|  | | TICK |
| Service Detail | |  |
| **Purchase Unit Code**\* | HOP1006 | |
| **Purchase Unit Description**\* | Residential (Aged – Continuing Care) | |
| **Ethnic Classification**\* | General | |
| **GST Percentage**\* | 12.9% | |
| **Payment System**\* | CCPS | |
| **Purchase Method**\* | PVUCP | |
| **Price Per Unit (GST Excl) \*** | $ | |
| **Service Start Date\*** |  | |
| **Service End Date\*** |  | |