

# 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