



Disability Allowance Medical alarm assessment form

Registered medical or nurse practitioner to complete

General Disability Allowance information

Disability Allowance is a weekly payment for people who have regular, ongoing costs because of a disability or health condition that is likely to continue for at least six months. These costs could include visits to the doctor, medicines, or for some of the costs of a medical alarm. There are other criteria, including meeting an income test.

Medical alarms information

Disability Allowance may cover the costs of rental and monitoring for an 'in-home' or 'anywhere' medical alarm.

A medical practitioner or nurse practitioner must also confirm that the person who needs a medical alarm:

- needs it because of the health condition or disability
- is going to need the alarm on an ongoing basis
- needs the alarm because without it their life or health would be put at risk, or the disability would be aggravated.

The medical alarm will usually have to be supplied by an MSD-accredited medical alarm supplier. A list of suppliers is available on our website.

Scenarios for reference

We have developed some scenarios to provide general guidance to help you decide whether a person's disability or medical condition may require them to have a medical alarm. Each person must be assessed on their own merits.

To find these scenarios and for more detailed information, go to [workandincome.govt.nz](https://www.workandincome.govt.nz) and search *medical alarms* or *Disability Allowance*.

If you need more help you can speak to your local Work and Income Health and Disability Co-ordinator. Call us on **0800 559 009** and ask to be connected.

Write the person's client number here if they know it. This number can be found on their Community Services Card if they have one.

Client number

Person's details

1

What is the person's full name?

First and middle names

Surname or family name

2

What is the person's date of birth?

Day Month Year

**Person's
medical
details**

3 Are you the person's usual practitioner?

No Yes

4 What is the person's disability or health condition?

5 Please indicate the expected duration of the disability or health condition.

Less than 6 months 6-12 months
 1-2 years Permanent

6 Do you consider that the need for a medical alarm is ongoing and directly related to this person's disability or health condition?

No Yes

7 What type of medical alarm service will the person require?

In-home
 Anywhere **The Anywhere service offers support both in the home and in the community**

8 Is there any other relevant information that should be considered when assessing whether assistance for a medical alarm should be granted?

No Yes **↓ Please provide details below**

9 Have you personally consulted with the person?

No **↓ Please explain why not below**

Yes **→ Date of last consultation**

Day	Month	Year

HOW TO ANSWER Q8:
More information is available at workandincome.govt.nz search 'Disability Allowance' or 'medical alarms'.

10

Have you discussed the information contained in this form with the person and/or their legal representative?

No



Please explain why not below

Yes

Registered medical or nurse practitioner's verification

Please print your details below.

HPI number |

Practitioner's full name

Practice name and address

Telephone number ()

Practitioner's signature

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

This information is required under the Social Security Act 2018.
Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.