



Te Tira Ahu Ika A Whiro

VETERANS' AFFAIRS
New Zealand

Individual Care Plan

(to be completed by the Audiologist)

Please write in **BLOCK LETTERS** with a **blue** or **black** pen only.

Part 1

Veterans' Details

1 **War Pension / Work and Income Number**

2 **Title** Mr Mrs Miss Ms Dr Rev Other

3 **Surname**

4 **Given Name/s**

5 **Residential Address**

 Postal Code

Part 2

Hearing Aid Trial History

6 **Other Aids recommended prior to those in Part 3**

7 **Reason's for rejection**

Part 3

Hearing Equipment Issued

8 **Type of Aid** ITE BTE RITC RITE

9 **Brand/Make and Model of Hearing Aids**

10 **Hearing Aid Serial Numbers & trial period**

Left Aid	Right Aid
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Trial start date: Trial finish date:

11 **Remote** Yes No
If yes, please provide serial number

12 **Warranty** 12 mths 24 mths 27 mths 36 mths
Warranty begins
Day Month Year

Please continue over page

13 Assistive Devices

Are any assistive devices being issued? Yes No
If Yes, please provide serial numbers:

**Part 4
Terms and Conditions**

- 14**
- Follow up reviews will be undertaken at 6 and 12 months once the hearing aids have been accepted.
 - The equipment purchased is for the sole use of the veteran for as long as it is required.
 - If the veteran moves or leaves the country they may take the equipment with them.
 - The veteran is responsible for insuring the hearing aids.
 - Veteran's Affairs New Zealand will not pay excess insurance, or replace hearing aids and equipment which is not insured

**Part 5
Statement**

To be signed when the aids have been accepted as satisfactory by the veteran.

15 Veteran

I have read and accept the terms and conditions in Part 4.

I have trialled the hearing aid/s to my satisfaction and I agree to accept and use the hearing aid/s.

Veteran's Signature	Day Month Year

16 Audiologist

Name

Practice Stamp (or address and telephone number)

Audiologist's Signature	Day Month Year

For Office Use Only

Battery Allowance Active? Yes No To DSA's

If No, Arrears issued of \$.....

From..... To

New rate of Fortnightly Payment: \$.....

Date of next Fortnightly Payment: