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Supporting documents for Assessors

Examples of supporting documentation required to provide confirmation that the client meets criterion. To be submitted with the application

Publish date

## Adult with complex needs – Hearing loss since childhood

* Supporting documentation providing evidence for moderately-severe or greater hearing loss since childhood. This may be childhood audiograms, previous adult audiograms, hearing aid records, GP records, family statements.  Your professional opinion based on your observations of your client’s speech patterns, family history and likely aetiology will also be considered.
* Copy of a recent audiogram
* (Childhood is up to the age of 16 years)

## Adult with complex needs – Dual & multiple disability

* Letter or report from an optometrist or ophthalmologist confirming significant visual disability or
* Letter from Blind Low Vision NZ confirming that the client is a full member
* Confirmation from a registered health professional or family of diagnosis of significant intellectual disability and the impact of this on communication, or confirmation that the client is either receiving services funded by the Ministry’s Disability Support Services or living in a community residential home which is funded through Disability Support Services
* Confirmation from a registered health professional of diagnosis of significant long-term physical disability and the impact of this on communication
* Copy of a recent audiogram

## Adults with complex needs – Sudden & moderately severe or greater hearing loss

* Documentation confirming when the hearing loss occurred
* Report from GP and/or ENT specialist
* Information regarding previous hearing thresholds (previous audiogram if available. If previous audiogram is unavailable, then professional opinion from case history information can be used)
* Copy of the latest audiogram showing a permanent change in the affected ear(s), and a moderately severe or greater hearing loss in better ear

## **Adults with Community Services Card – Caring for a dependent person**

* Copy of the child’s/children’s birth certificates
* Letter from a GP, Oranga Tamariki or Work and Income stating that the person is a main carer for a dependent person (if main carer is not a parent)
* Letter from a GP stating that the person is a main carer for a dependent person with a long-term disability, the nature of the disability which requires full time care, and confirmation that the care will be required long term
* Copy of a recent audiogram

## Adults with Community Services Card – Full time work

* Letter confirming employment status or current payslip
* Letter from Accountant confirming the client is working at least 30 hours per week, or achieves a degree of financial independence that is at least the same as would be received on the jobseeker allowance. If less than 30 hours per week current payslip or tax records and details of marital status and number of dependent children is required. (If self-employed)
* Letter of confirmation from a registered health professional that the client is working to maximum capacity due to a long-term disability and the nature of the disability (if unable to work full time due to the limitations of a disability)
* Copy of a recent audiogram

## Adults with Community Services Card – Seeking paid employment

* Letter from WINZ, Workbridge or employment agency confirming status as a jobseeker and actively seeking work
* Confirmation client is actively seeking work
* Copy of a recent audiogram

## Adults with Community Services Card – Studying full time

* Confirmation of full-time enrolment at a tertiary or vocational training institution, including start and finish dates and information about the course
* Letter of confirmation that the client is studying to maximum capacity and the nature of the long-term disability (if unable to study full time due to limitations of disability)
* Copy of a recent audiogram

## Adults with Community Services Card – Voluntary work

* Letter of confirmation of 20 hours or more voluntary work from the voluntary organisation including the number of hours worked and the person’s long-term commitment to the work.
* Confirmation that the voluntary organisation is a recognised voluntary organisation which meets the Whaikaha definition as per the Hearing Aid Services Manual.
* Copy of a recent audiogram

## Accessories (Remote microphone, Bluetooth streamer)

* Supporting documentation confirming the client meets Whaikaha - Ministry of Disability criteria for funding under the hearing aid funding scheme
* Description of situations and settings for use of the accessory
* Rationale for the essential need for the accessory requested) (eg. work/study/carer/volunteer) as per Whaikaha – Hearing Aid Services Manual
* Confirmation from employer/employment agency/study or voluntary organisation for the use of the accessory (whichever relevant).
* Copy of a recent audiogram
* Written endorsement from the child’s AODC for RM system (for pre-schoolers)

## Drying Conditioner

* Letter from manufacturer confirming history of repairs due to moisture damage
* GP/employer letter stating that the client has excessive sweat or is working in damp conditions
* Documentation of history of otitis externa

## Remote control

* Rationale for the essential need for the remote control