

Guidelines for completing the priority rating form:

- Please confirm which indicator the person meets and provide further explanation in the rationale and comments section (more than one indicator can be used)
- The evidence provided must be related to this specific funding request and **is not a generalisation** of the person's needs or disability status.
- The EMS assessor should ensure that all other strategies have been considered or implemented in the first instance.

PERSON'S NAME & NHI	EMS ASSESSOR'S NAME
Click or tap here to enter text.	Click or tap here to enter text.
P1 INDICATORS	RATIONALE AND COMMENTS
The adult or child has a documented history of high-risk safety issues e.g. falls, or has experienced a significant change in their disability status, health or personal circumstances which has significantly affected their (or family, whānau, support people) health or safety. <input type="checkbox"/> Yes	Click or tap here to enter text.
Evidence of existing pressure area (broken skin, regular input by District Nursing, unable to self-pressure relieve). <input type="checkbox"/> Yes	Click or tap here to enter text.
The person lives alone or is alone for the majority of their day and has no other support to assist them to safely undertake essential activities of daily living. e.g. toileting, eating, transfers <input type="checkbox"/> Yes	Click or tap here to enter text.
The person is unable to, or is at high risk of being unable to, undertake their role as a main carer of a dependent person. There are no other supports to provide this. <input type="checkbox"/> Yes	Click or tap here to enter text.
The person is unable to express themselves effectively or reliably which impacts on their ability to communicate resulting in imminent risk of harm to themselves, their carers or their dependents. <input type="checkbox"/> Yes	Click or tap here to enter text.
The child or young person is attending education and unable to continue with attendance. <input type="checkbox"/> Yes	Click or tap here to enter text.

PERSON'S NAME & NHI		EMS ASSESSOR'S NAME	
Click or tap here to enter text.		Click or tap here to enter text.	
<p>A child or young person has a very high risk of deterioration of their condition or missed early intervention opportunity for time critical development if the solution is not provided now e.g. moving and positioning equipment for safe eating, bathing, sleeping, travel. <input checked="" type="checkbox"/> Yes</p>			
<p>The person is unable to continue employment. <input type="checkbox"/> Yes</p>		Click or tap here to enter text.	
ASSESSMENT SERVICE'S NOMINATED PERSON FOR MONITORING P1 APPLICATIONS			
<p>Comment: Click or tap here to enter text.</p>			
Nominated Lead Name	Click or tap here to enter text.		
Designation	Click or tap here to enter text.		
Contact Email	Click or tap here to enter text.	Date:	Click or tap here to enter text.