|  |
| --- |
| Client Details (To be completed by delegated agency officer) |
| Client File No       | Phone       | Date of Birth       |
| Last Name       | First Name       |
| Preferred Name       | Gender [ ]  M [ ]  F [ ]  Non-binary |
| Email       |
| Usual Address       |
| Suburb       | Post Code       |
| Agency Unit or Team       | Client Deceased [ ]  Y [ ]  N |
| Asset No. | Equipment Description |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Details of Investigation/Attempts to Retrieve Equipment       |
| Signature        | Name (Print/Stamp)       |
| Phone        | Email        |
| *Ensure that where the agency has determined a value or type of equipment that requires approval for write off this form is sent to the authorized agency supervisor to approve and forward to DES.*  |
| AUTHORISATION[ ]  Approved [ ]  Not Approved |
| Name (Print/Stamp)       | Signed by authorized Agency Officer / Supervisor        | Date       |
| Send completed form to DES Finance at Netley **by fax (08) 8193 1258 or email** des.frontdesk@sa.gov.au |
| Domiciliary Equipment Service Finance use onlyApproximate Cost of Equipment $      Written off by       Date      Print Name       |