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| This form must be completed for all ceiling hoist installation requests – NOT relevant for Gantry Style. Attach this form to a completed *Equipment Prescription/Request Form* and email to DES at des.frontdesk@sa.gov.au. |
| SECTION 1: ASSESSOR TO COMPLETE  |
| Client Name       |
| Assessor Name      | Phone       |
| Ceiling Hoist Specifications (if known) |
| Proposed System and Model Number       |  |
| Proposed Supplier       |  |
| Information about HouseAddress      Year house built / approx. age or house      Internal wall frame [ ]  Solid [ ]  Steel Frame [ ]  Timber Frame Outer wall cladding [ ]  Fibro / Weatherboard [ ]  brick veneer [ ]  sheet metal [ ]  Other      Roof Cladding [ ]  Tiled [ ]  SheetingAsbestos present in ceiling / roof space? [ ]  yes [ ]  no [ ]  unknown |
| Assessor Checklist[ ]  Equipment Prescription form completed[ ]  Proposed diagrams attached[ ]  Copy of relevant approvals sent to DES (if homeowner is Housing SA or other Community Housing Group)[ ]  The “*Terms and Conditions of Installation of Home Modifications*” document has been provided to the participant / advocate / guardian and the home owner (where these people are different) |
| Diagrams and detailsNumber of Tracks requested: Number of pages attached: Notes for requester:* Attach drawings ensuring the following information is indicated:
* Clearly number each diagram if more than one track
* Clearly specify which room in home track is to be installed
* Indicate track length and measurements for placement
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| SECTION 2: CLIENT / GUARDIAN / ADVOCATE TO COMPLETE |
| [ ]  I have been involved in the decision making and to the best of my knowledge I believe the recommendations will meet the needs of those using the ceiling hoist and tracking.[ ]  I understand that this is subject to final consultation with the supplier and approval by the funder. [ ]  I agree for Domiciliary Equipment Service (DES) to coordinate the installation of the recommended ceiling hoist tracking through an appropriately qualified supplier / installer.[ ]  I have received, read, understood and accept the “*Terms and Conditions of Installation of Home Modifications*”. [ ]  I am the home owner, and I giving permission for the installation of ceiling hoist tracking into my home*OR*[ ]  I am **not** the home owner (private home owner to complete section 3)Signature       Date      Name       Best Contact Number       |
| SECTION 3: OWNER OF THE PROPERTY (if different to section 2) |
| [ ]  I, the owner of this dwelling, give permission for the installation of the ceiling hoist tracking into my home**NB**: where the home owner is government or community housing, forward any additional approval forms required by that group. [ ]  I agree for Domiciliary Equipment Service (DES) to coordinate the installation of the recommended ceiling hoist tracking through an appropriately qualified supplier.[ ]  I have received, read, understood and accept the “*Terms and Conditions of Installation of Home Modifications”*Signature:       Date:      Name:       Best Contact Number:       |
| SECTION 4: INFORMATION FOR SUPPLIER |
| [ ]  Quote provided must be as per specifications provided by requester where appropriate, or as negotiated with the requester and client [ ]  Quote must be itemised, showing costs for:* The hoist – with specifications and model number
* The installation
* Any structural or modification works
* Engagement of engineer for sign-off
* Final Drawings

[ ]  Hoist installation must be:* Overseen by an appropriately qualified and licenced tradesperson
* As per manufacturer’s specifications
* Signed-off by an engineer on completion

[ ]  Payment will only be forwarded on:* Receipt of Engineer’s report at DES
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