ACC5972

Referral for Home & Community Support

He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

Complete this form to refer a client to a contracted supplier of Home & Community Support (HCS).

When you've finished, please return this form to the contracted supplier.

1. Referral details	
Client name: Brian Bernard Te Koeti	Purchase order number: 12355821
Indicate if the referral is for Return to Independence or Maximise Independence: RTI ☐ MI ☒	

2. Supplier details	
Supplier name: Phoenix Healthcare Agency	Supplier ID: G0H591
Phone: 03 260 1260	Email: Coordinator@phoenixhealthcare.co.nz
Postal address: Phoenix Healthcare Agency 9/166 Moorhouse Avenue Sydenham Christchurch 8011	

3. ACC details	
ACC recovery team member: Julie Duffy	Contact phone number: 0800222435 Ext:32210
Email address: Julie.Duffy@acc.co.nz	

4. Client details	
Client name: Brian Bernard Te Koeti	Preferred name:
ACC Client ID: S1705880	NHI Number: BNX1143
Claim number: 100 6142 0762	Date of birth: 04/12/1952
Gender: Male	Ethnicity: New Zealand European / Pakeha, Maori
Residential address: 24 Halstead Road, Pleasant Point, 7903	
Postal address (if different to above):	
Home phone: [Home Phone]	Mobile phone: 021 2093767
Work phone: [Work Phone]	Email address: soulair@hotmail.com
Client's preferred method of contact:	
Will the service be provided in the client's home? ☒ Yes ☐ No	
Comments: Attendant care for showering, dressing etc. Clients Authority to Act - Thalia (Daughter) 021947475 - please contact Thalia to discuss supports required.	
If no, where will the services be provided?	

Does the client use augmentative or assistive communication aids? ☐ Yes ☐ No	
If yes, describe:	
Alternative contact name:	Alternative contact phone:
Does the client have any specific cultural needs? ☐ Yes ☐ No	
Is English the client's first language? ☐ Yes ☐ No	
If no, does the client need a translator? ☐ Yes ☐ No State which language:	
Current living arrangements: ☐ Lives alone ☐ Other Please describe:	
Client's main activity, eg paid work, study, caregiving: Unemployed	
Doctor's name: [GP Name]	Doctor's phone number: [GP Phone]

5. Claim details	
Date of injury: 16/08/2024	Brief description of accident: "FOUND BY FAMILY CONFUSED WITH HEAD LAC FAMILY NOTED BLOOD ON CONCRETE OUTSIDE,"
Brief description of injuries: S624., Closed traumatic extradural haemorrhage S624., Closed traumatic extradural haemorrhage S030., Closed fracture of skull NOS without intracranial injury	
Does the client have any pre-existing conditions or other non-injury related factors that could affect their rehabilitation? ☐ Yes ☐ No	
Comments:	
Is there any treatment in place, eg planned surgery? ☐Yes ☐No	
Comments:	
Social or vocational rehabilitation in place, eg Vocational Rehabilitation programme or Training for Independence programme:	
Name(s) of supplier(s) of social or vocational rehabilitation programmes mentioned above:	

6. Client equipment in place	
Please list equipment in place. Add more rows if required.	
Equipment group (eg bathroom)	Equipment description (eg shower stool)

How long will the equipment be needed?

7. Outcome and needs	
Describe the outcomes to be achieved with the approval of Home & Community Services: (SMART goals).	
Comments: Return to independence.	
Has a need for HCS Physiotherapy been identified?	☐Yes ☐No
If yes provide details:	
Has a need for HCS Occupational Therapy been identified?	☐ Yes ☐ No
If yes provide details:	
Has a need for HCS nursing treatment been identified?	☐ Yes ☐ No
If yes provide details:	

8. Service(s) approved

Service code	Service description	From date	To date	Total quantity	Unit of measure	Rate per unit, excl. GST	Rate per unit, incl. GST
HCS30	Home & Comm Support Max Indep-Support Hrs Standard	16/12/2024	26/01/2025	42.0	Hours	$45.88	$52.76
HCS35	Home & Comm Support Max Indep -Setup Fee	16/12/2024	26/01/2025	6.0	Units	$135.45	$155.77

Send your invoice via the E-billing system. Please include the claim number, purchase order number and service code(s) shown on this form. ACC can only pay you when the details on your invoice exactly match those of the approved services given in the table above.

9. Relevant documents attached	
To avoid the risk of breaching a client's privacy, please check the documents that you have attached to this form are the intended documents for this client.	
☒ Client authority - ACC6300/ACC45 (mandatory)	☐ Training for Independence report
☐ Clinical notes (Including ACC705 if available)	☐ Living my Life report
☐ Social Rehabilitation Assessment	☐ Support Needs Assessment
☐ Other, please describe:	

10. Advice to service supplier
Are there any potential risks in visiting the client in their home? ☐ Yes ☒ No
Comments:

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.