School Transport Specialist Equipment

# **Part 1 – Specialist Equipment: Application Guide**

## **Introduction**

Approximately 13 percent of all students receive daily school transport assistance on bus, van, total mobility, or taxi services contracted by the Ministry of Education or directly resourced schools.

The Ministry of Education is committed to ensuring their journey is a safe one.

The Ministry recognises that some students will require specialist equipment to ensure their safety and comfort during the journey to and from school. In most cases parents/caregivers should provide the specialist equipment required for a safe journey.

## **The Ministry of Health – Equipment and Modification Service**

Many caregivers receive assistance with the cost of purchasing equipment from the Ministry of Health’s Equipment and Modification Service (EMS). The purpose of EMS is to help people with disabilities, including their families, to live as safely and independently as possible.

If you are eligible for EMS funding, an accredited assessor/therapist can make an application on your behalf to the Ministry of Health’s contracted providers. Their contact details are:

|  |  |
| --- | --- |
| **Enable New Zealand – Head Office**  69 Malden Street PO Box 4547  Palmerston North 4442  Ph: 06 353 5800 Email: [enable@enable.co.nz](mailto:enable@enable.co.nz)  *General Enquiries - Call Free 0800 362 253* | **Accessible**  9 Airpark Drive PO Box 27 804 Auckland 1440  Phone: 09 620 1700  Email: [info@accessable.co.nz](mailto:info@accessable.co.nz?subj=Redirected%20from%20accessable%20web%20site)  *Freephone: 0508 001 002* |

Refer to the providers listed above if the identified need for specialist equipment is central to everyday living activities and the equipment is to be used for purposes other than school transport, e.g. in the family vehicle.

## **School Transport**

The Ministry of Education requires assurance that funding for specialist equipment is not available through the Equipment and Modification Service before it can consider funding the equipment for school transport. This assurance can be provided by an accredited assessor/therapist filling out Section C of the application form attached as Part 2 to this document.

There are situations where:

1. the specialist equipment falls outside the criteria for EMS funding because it is only required for school transport purposes and is not for family or general transport use, or
2. the specialist equipment provided by the parent/caregiver is of a nature that the time taken to transfer it to-and-from the family vehicle for school transport purposes makes dual use impractical.

The Ministry of Education will consider meeting part or all of the cost of the specialist equipment when:

1. the accredited assessor/therapist confirms specialist equipment is needed for a safe journey to and from school, and
2. the accredited assessor/therapist confirms the purpose of the specialist equipment does not fall within Ministry of Health or ACC criteria for funding, and
3. the specialist equipment is only required for school transport purposes, and/or where its transfer between the family and the school transport vehicle on a regular basis is impractical, and
4. provision of the specialist equipment is less costly and more practical than other options, including providing an adult travel supervisor, and
5. case-by-case basis consideration establishes that no other options are available and that it is unreasonable for the caregiver to provide the specialist equipment.

To apply for specialist equipment from the Ministry of Education, please complete the attached application form in Part 2 of this document. This document is also available on the Ministry’s website: <https://parents.education.govt.nz/learning-support/learning-support-needs/transport-assistance/>.

## **Applying for specialist equipment**



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# **Part 2 – Specialist Equipment: Application Form**

## **Purpose**

Use this form to apply for funding for specialist equipment and/or vehicle fitting, not covered by a Health sector funding source, on behalf for students that are (or would be) eligible for the Ministry of Education’s daily school bus or specialised school transport assistance.

The Ministry of Education may, on a case by case basis, meet part or all of the cost of providing specialist equipment and/or vehicle fitting where all the requirements of the policy have been met.

## **Process**

Applicants must complete Section A, the payment recipient must have their details included in Section B, and the accredited assessor/therapist[[1]](#footnote-1) must complete Section C. The completed application should then be sent to the Ministry of Education’s School Transport team for a decision.

The student’s school of enrolment will facilitate the involvement of the accredited assessors and/or therapists required.

# **Section A: Caregiver to complete**

|  |  |
| --- | --- |
| Caregiver details | |
| Name |  |
| Postal address |  |
| Telephone |  |
| Email |  |
| Relationship to the student |  |

|  |  |
| --- | --- |
| Student details | |
| Name |  |
| Residential address  (if different to Postal) |  |
| Age |  |
| School of enrolment |  |
| School attended[[2]](#footnote-2) |  |

Checklist

Once the most appropriate specialist equipment has been determined by the accredited assessor, it is important that the caregiver understands their roles and responsibilities regarding the use and care of the equipment.

This checklist is to be completed by the caregiver in the presence of the accredited assessor/therapist.

The following has been explained to me/us and I/we understand:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **n/a** |
| The benefits of using the specialist equipment. | □ | □ | □ |
| The possible risks of the specialist equipment. | □ | □ | □ |
| That the specialist equipment is to be used on each school journey, fastened and correctly adjusted, according to the training I/we have received. | □ | □ | □ |
| That the specialist equipment is only to be used for my child (who is named above). | □ | □ | □ |
| That the specialist equipment is not to be modified without further advice from a properly authorised person. | □ | □ | □ |
| That I/we will instruct any other person who might care for my/our child on the correct use of the specialist equipment. | □ | □ | □ |
| That I/we will inform the appropriate person (e.g. school or accredited assessor) |  |  |  |
| 1. When my/our child has outgrown the specialist equipment; or | □ | □ | □ |
| 1. If the specialist equipment is no longer required. | □ | □ | □ |
| If the Ministry of Education pays for the whole cost of the specialist equipment it remains the property of the Ministry of Education. In these circumstances, if the specialist equipment is lost or damaged, then we (the caregiver) may need to pay for its replacement. | □ | □ | □ |

Declaration

I confirm that all the information I have provided is true and correct.

I understand that any equipment provided in response to this request returns to the Ministry of Education when it is no longer required.

**Signed by parent/caregiver:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Section B: Payment recipient to complete**

## **Bank Account Details**

The Ministry of Education is able to make payment to;

* the school; or
* the equipment supplier; or
* the caregiver\*.

\* Caregivers can only be paid in the form of a reimbursement.

Please provide bank account information as detailed below. If you are applying for a reimbursement, please provide proof of purchase in the form of a copy of the receipt or paid invoice.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The recipient of this payment must complete this section and attach a pre-printed or bank verified deposit slip with their account details | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Bank Branch Account Suffix  Name of Account: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: Payment cannot be made to a cash card number, nor to a credit card. We are unable to accept other account detail documents unless they include pre-printed account holder name, address, and account details. If you do not have this type of verification document, your bank will be able to provide a verified print-out of your details which will satisfy our audit requirements.  Office use only  Bank account details verified by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section C: Accredited assessor / therapist to complete**

## **Specialist Equipment details**

|  |  |
| --- | --- |
| **Description**  Please describe the proposed specialist equipment and/or vehicle fitting. |  |
| **Purpose**  Explain:   * The student’s special education needs and circumstances. * Why the student requires the specialist equipment. * Why providing the equipment is a better option than other solutions e.g. travel escort. * Why the contracted transport service provider cannot reasonably provide the equipment. |  |
| **Cost**  This must be the complete amount including GST and freight. | $................  Please attach the quotation to supply and fit the equipment. If the quotation does not list the full amount, including GST and freight, then you must get a new quotation from the equipment supplier. |

## **Health Sector Funding**

Either

* attach a letter from Accessable[[3]](#footnote-3) (Auckland / Northland) or Enable New Zealand[[4]](#footnote-4) (rest of New Zealand) declining funding for the specialist equipment sought.

or

* attest the following:

|  |  |
| --- | --- |
| **Health sector funding** | The specialist equipment is only required for the student’s safe travel to and from school and does not meet the Ministry of Health criteria for Accessable / Enable New Zealand funding.  Yes / No |
| **Family vehicle**  **Please include relevant comments below.** | **The specialist equipment is required for the student’s travel in the family vehicle**  **Yes / No**  **The specialist equipment can readily be transferred to and from the family vehicle to the transport contractor’s vehicle.**  **Yes / No / N/A**  **Comment:** |

## **Declaration**

I confirm that the above information is true and correct.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position /

Accreditation details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email completed application to:** [**school.transport@education.govt.nz**](mailto:school.transport@education.govt.nz)**.**

1. Occupational Therapist, Physical Therapist, or Psychologist employed by a learning support fund holder. [↑](#footnote-ref-1)
2. If different to the school of enrolment, e.g. the student attends a special school’s satellite class. [↑](#footnote-ref-2)
3. Freephone 0508 001 002 [↑](#footnote-ref-3)
4. Freephone 0800 362 253 [↑](#footnote-ref-4)