


What you need to know about . . .



**Needs Assessment
Service Co-ordination
and
Related Services**

OTAGO

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Information Disclaimer

While every effort has been made to insure that the information provided in this document is accurate, current and given in good faith, we cannot accept responsibility for how the recipient uses this information.

Introduction

Throughout this booklet we will use the term “NASC” which stands for “Needs Assessment and Service Co-ordination”.

Needs Assessment is a process that helps to identify and document your strengths, abilities, needs, and goals while you have an illness or disability. Service Co-ordination links supports and services to the needs that are identified in your Needs Assessment.

Confidentiality is an important part of the Needs Assessment process. This means that no one can discuss the personal details about you or your family without your permission.

What is a Needs Assessment – NA?

Needs Assessment and Service Co-ordination (NASC) organisations are the gateway to disability and health support services. The Needs Assessment helps to determine what the person’s abilities, resources, goals and needs are and then helps to identify which of these is the most important.

You can request a Needs Assessment yourself, or this may be done for you by your GP, social worker, family carer, or a community organisation. An assessment can take place wherever you choose, such as in your own home, workplace, or at Needs Assessment Service Co-ordination (NASC) offices.

The assessor, also known as assessment facilitator, will talk to you about your situation. A report will be put together that identifies your needs such as:

- what support do I need right now to look after myself, to sleep safely at night, to be in the community, to be socially active, to keep in touch with my friends and family?

- do I need a place to live?
- do I need a break from my family?
- do I need something to do during the day?

Having a Needs Assessment does not guarantee you will be provided with services for all of your needs. It helps to emphasize the needs most important to you within available resources and funding limitations. These resources and funding limitations are usually decided by the government of the day and may change over time.

On initial contact with a NASC service, you will be told what the response timeframes will be to the several steps required in order to meet your needs. This means the time period within which they will:

- respond to your request for a Needs Assessment
- facilitate the Needs Assessment
- put services in place

For example, “It is the policy of some services that initial contact will be made within 2 working days of receipt of the referral and which we do by writing a letter that says we will consider their request at our referral meeting on (date).”

If you are not given this information please ask. This will ensure you are comfortable with the process and know what is going to happen and when.

You will receive a copy of your Needs Assessment report and you will be asked to sign it.

Why might I need a Needs Assessment?

You may have a disability lasting longer than six months, or a personal health problem that is physical, sensory, intellectual, psychiatric, neurological, age related, or caused through injury. You may require supports ranging from equipment to financial in order to provide services to maintain your lifestyle.

What if I do not understand, or I disagree with the Needs Assessment?

Firstly, it is your right to have a friend or family member at the assessment. Secondly, it is important that you understand the assessment process. If you do not understand what is happening or when, make sure you tell the person involved with you at the assessment. If you do not tell them, they will not know. Thirdly, if you are not happy with the assessment or assessor, you can request an alternative assessor from the NASC agency.

What is Service Co-ordination (SC)?

Service Co-ordination is a separate process that is about finding the best solutions to meet your identified needs. A service co-ordinator will read your Needs Assessment report and look for the best way to meet your needs within the resources and funding available.

A Service Co-ordinator can tell you what supports might be available, what funding support you may be entitled to, and can then help you to access and co-ordinate such services. The NASC agency will not directly provide the support services they organise for you. You have the right to choose the provider or agency supplying the support service.

Then the NASC agency contacts the service provider and contracts them to work on your behalf.

In some cases you may nominate a client preferred worker, who might be a friend or neighbour, who could be employed by the service provider. See your NASC agency for more information on this.

Important things to know:

- You **do not have to pay** for Needs Assessment or Service Co-ordination.
- If you have specific **cultural** needs, make these known. You can have a Maori assessor if you wish to speak Te Reo.

- You can ask for an **interpreter** if you wish to use another language including New Zealand Sign Language.
- You can choose **where** an assessment takes place.
- **Nothing will happen without your permission**, unless the circumstances require otherwise. The NASC provider is bound by law to help you if your health is at risk.
- NASC agencies can help with all sorts of things, but only if you share your needs with the Needs Assessor. It is important that you **mention all your needs** to the Needs Assessor. A good idea is to prepare this information before the assessment by writing down those issues you want discussed or considered.
- It is important to consider your **carer's needs** in an assessment. There may be a friend or family/whanau member who usually provides care for you on an informal basis. This person may be entitled to **Carer Support** through the assessment process. You may need to check the current guidelines of the provider. **Carer Support** gives paid days or half days for someone else, or to people who provide relief care in a formal setting, ie. a rest home, to care for you so that your family/whanau carer can have a break from the caring role. You or your carer can ask for this or you or your carer can ask your GP or assessment facilitator about this.
- If you hold an **Enduring Power of Attorney** for someone who is deemed incompetent to make decisions or understand consequences, you must be informed of every step of the NASC process that involves that person.
- Assessments are reviewed regularly but **if your needs change** you have a right to ask for a re-assessment or review of your case.
- If you are under the age of 65, or turn 65 and currently receive services via a NASC, you will be funded via the Disability

Support Directorate, MOH, unless it becomes an 'age related' issue.

- If you are over 65 your needs assessment and funding will be provided by your local District Health Board.

A Needs Assessment may lead to other Needs Assessments and this can sometimes be quite confusing. For example you may have a Needs Assessment facilitated through a NASC which identifies a new issue that requires:

- an assessment to be done by a mental health agency. Another example is that a Needs Assessment through a NASC may lead to an assessment from Group Special Education to ensure that needs are met at home and at school.
- If you have a Community Services Card you may be able to access domestic assistance, someone to help you with housework if your Needs Assessor has indicated to you the need for someone to help you. You do not need a Community Services Card to access personal care, such as showering or getting you ready for bed.
- You may move out of the area either permanently, or temporarily, for example for a holiday. In either of these situations it is possible to ask for an **Inter-NASC Transfer**, which means the supports you require will be transferred to your new location. Contact the Needs Assessment Agency for advice on this.
- Inter-NASC transfers do not apply to respite care arrangements.
- NASC agencies are contracted to work to certain timeframes. These timeframes vary so it is important to ask the Needs Assessor, at the first meeting, what is the timeframe for your needs assessment, service co-ordination, and start date of service. In other words you have a right to know how long you will have to wait for each step of the process.

Concerns/Complaints

If you have a concern or complaint about the process or the services that are put in place, or the staff providing the service, there are a variety of ways you may express your concerns or make a complaint.

- Initial concern or complaint, for example if your home support worker does not turn up, or makes you sign something that is not true, contact the home support agency to complain.
- If nothing happens as a result of this complaint, your next step is to contact the NASC service co-ordinator.
- If nothing happens as a result of a complaint, contact the Health and Disability Advocates on (03) 479 0265.

FOR MORE SPECIFIC INFORMATION REFER TO THE CHAPTER MOST SUITED TO YOUR SITUATION

Chapter One

Mental Health for under 65s

How do I access a mental health service?

GPs are the main provider of community based care and therefore are your first port of call. Your GP may help you with your mental health issue, or they may suggest that you gain help from a mental health service provider and/or Needs Assessment agency.

Your GP will make the necessary referrals for you.

The following agencies provide Needs Assessment and Service Co-ordination for people with mental health needs and who are under 65:

- **Miramare** – you or your carer can contact this service directly, or you could be referred by your GP

Miramare provides independent Needs Assessments and Service Co-ordination for psychiatric and alcohol and drug related disability. The areas serviced by Miramare are Dunedin City (including the rural areas), Clutha District and Waitaki District.

Miramare

PO Box 989, Level 1, 121 Crawford Street, Dunedin

Ph: (03) 474 5552 Fax: (03) 471 8471

e-mail: dunedin@miramare.co.nz

Web: www.miramare.co.nz

- **Community Mental Health Service** – you cannot access this service yourself. You need to be referred by a community agency, GP, Social Worker, or hospital inpatient mental health service.

What support services could be available to me?

Your needs assessment will identify support services that could assist you. Your service co-ordinator can help you to access and co-ordinate the appropriate support services.

Service	Provider	Please Note
Domestic Assistance and Personal Care	Carelink Home Support Services Otago Healthcare NZ Dunedin Home Support Services	To be funded for Domestic Assistance you must have a Community Services Card
Carer Support	Can be anyone you choose and fits the current guidelines of the provider.	Health Pac (MOH) keeps a register and processes payment
Community Support Worker	PACT	
	CBCT	
	Koputai	
	The Carroll Street Trust	
Budgeting Assistance and Income Support	Corpac Trust	
	Budget Advisory Service	
	Presbyterian Support Otago	
Advocacy	HDC Advocates	
	Otago Mental Health Support Trust	
	Caring Communities	
	Family Whanau Advocacy	
	Otepoti Consumer Network	
	SF Otago, Waitaki, Central Otago	
	Mental Health Commission	
Supported residential accommodation with staff	Carrol Street Trust	
	Corstorphine Baptist Community Trust	
	Forbury House	
	Hulme House	
	Koputai trust	
	PACT	
	St Clair Park	
	Moana House	
Supported Rental Accommodation	PACT	
	Otago Accommodation Trust	
	The Carroll Street Trust	
	Corstorphine Baptist Community Trust	
Respite Care	PACT	
	Koputai Trust	

Employment, training, and education options	Tapestry Clubhouse	
	Cargill Enterprises	
	Work Opportunities Trust	
	YouthGrow	
	Volunteering Otago	
	ASCO	
	Workbridge	
	Willing Workers	
Recreational, social, personal development, support groups, day activities	Artsenta	
	GROW Dunedin	
	Link Centre Balclutha (PACT)	
	Oamaru Mental Health Support Trust	
	Volunteering Otago	
	420 Drop in Centre	
	ASCO	
	Stepping Stones	
	Tapestry Clubhouse	
	Caring Communities	
	Otago Mental Health Support Trust (Signpost/Bipolar Network)	
Adult alcohol and other drug treatment services	Salvation Army Bridge Programme and Pathways to Change	
	Richmond Fellowship Detox Service	
	Oamaru Aftercare Treatment Trust	
Child and youth alcohol and other drug treatment services	Youth Specialty Services	You must see your GP, nurse, or other child and youth related professional first, they will then refer you to this service if required
	Student Health Services	
	Mirror Counselling	
Child and youth mental health services	Adventure Development LTD	
	Mirror Counselling	
	Child, Adolescent & Family Mental Health Service	You must see your GP, nurse, or other child and youth related professional first, they will then refer you to this service if required
	Otago Youth Wellness Trust	
	Adventure Development	
Maori Services	Te Oranga Tonu Tanga: Maori Mental Health Services	Referrals are accepted from turoro, Whanau/partner, psychiatric services, GP's and community organisations
Other Services		
Hospital Services	Acute and Intensive Care Inpatient units	
	Clinical Rehabilitation Service	
	Forensic Service	Ward 9A Wakari
	Early Intervention Service (Aspiring House)	For 18-30 year olds
Emergency Services	Emergency Psychiatric Service	

Potential Problems

For more information about consumer advocacy and advice services contact:

Otago Mental Health Support Trust

Telephone (03) 477 25 98 or otagomd@es.co.nz

Otepoti Consumer Network

Southern Consumer Network Trust

For more information about Family/Whanau advocacy and advice services contact:

SF Otago

SF Central Otago

SF Waitaki

Caring Communities

What if I am too unwell to seek a Needs Assessment?

Your family/whanau, friends, or a community group can all seek an assessment or services for you.

Chapter Two

Disability Support Services If you have a Physical, Sensory, Intellectual, and/or Neurological disability and are under 65

If you are over the age of 65 please refer to Chapter Three: Older Persons Health
If your disability is due to an accident/injury please refer to Chapter Five: ACC

Why might I need a Needs Assessment?

If you have a physical, sensory, intellectual, or neurological disability you may take part in a facilitated assessment so that you can access Environmental support services, eg housing modifications, adaptive equipment.

Some examples of the things to be assessed for include house modifications such as a wet floor shower, ramps, hand rails, hoists, or equipment, personal care, domestic assistance, and respite care.

Please note that to be eligible under the services below, your disability must continue for a minimum of 6 months and result in a reduction of independent functioning to the extent that ongoing support is required.

Where do I go to get a Needs Assessment?

You can contact a Needs Assessment agency yourself. You can also be referred to an agency by your doctor, a specialist, physiotherapist, carer, or Community Support Group.

The agency you contact will explain the eligibility criteria and process to you.

- **Access Ability**

Access Ability is contracted by the Ministry of Health to support individuals by assisting to identify their needs and document them (Needs Assessment), and by looking at the services available, and by arranging the appropriate help (Service

Co-ordination). Anyone can contact Access Ability directly for themselves or on behalf of someone else.

Access Ability

PO Box 966, Dunedin

Ph: (03) 477 6211

access.ability.otago@xtra.co.nz

- **Royal New Zealand Foundation of the Blind** – for people who meet the vision criteria for the Foundation’s membership and are a NZ resident, (not necessarily have NZ residency).

Cnr Hillside Road and Law Street

PO Box 2237, South Dunedin

Ph: (03) 466 4230 Fax: (03) 455 4319 www.rnzfb.org.nz

- **Deaf Association of New Zealand – Otago**

3rd Floor, Evan Parry House, 43 Princes Street, Dunedin

Ph/TTY: (03) 477 1033 Fax: (03) 477 1037

Email: sco1@deaf.co.nz

Needs assessment service co-ordination for all deaf people.

What happens once I have had a Needs Assessment?

Once you have taken part in a Needs Assessment a Service Co-ordinator will work with you to ensure your needs are met. They do this by linking you to the services which provide the help you need. For example, your needs assessment may state that you require help with showering. Your service co-ordinator will provide you with pamphlets so that you can choose from the various agencies who you would like to provide your care.

Ideally the referral is made by the service co-ordinator to the agency of your choice, and that agency develops a care plan with you. This care plan will include the days and times you will receive the support services. Remember to ask how long it will take for your care plan to be put into action.

What services might be available to me?

Your needs assessment will identify needs. Your service co-ordinator can help you to access and co-ordinate the appropriate support services:

Service	Provider	Please Note
Domestic Assistance and Personal Care	Carelink – Presbyterian Support Home Support Services Otago Healthcare NZ Dunedin Home Support Service	To be funded for Domestic Assistance you must have a Community Services card
Carer Support	Can be anyone you choose and fits within current guidelines of the provider or; Home to Home - CCS	Health Pac – Ministry of Health
Community Support Worker	Idea Services Community Care Trust PACT Living Options (Central Otago) CCS	
Equipment/Transport	Mobility Scooters Otago Rehab Equipment Company Mosgiel Abilities Resource Centre Otago Regional Council Mobility Taxi Scheme Carers' Society Otago See Disability Information Service for more information	These services may have their own assessments to ensure your eligibility and may not be free.
Budgeting Assistance and Income Support	Budget Advisory Service WINZ	
Advocacy	Health and Disability Advocates People First DPA Akamarama Advocacy Ltd Best Practice Advocacy Centre Blind Citizens of NZ Personal Advocacy Trust	
Support groups	See Disability Information Service	
Supported residential with/without staff	Hawksbury Community Living Trust Community Care Trust Idea Services Community Group Housing PACT Mount Cargill Trust	
Respite Care	See Disability Information Service Mount Cargill Trust Idea Services Dunedin Community Care Trust	
Employment, training, and education options	Naphtali Activity Centre Otago Polytechnic Disability Services Sara Cohen School Sherwood Centre Willing Workers	These services may have their own assessments to ensure your eligibility

Recreation	Blind Sport NZ Disabled Snowsports Hills AM Outward Bound Parafed Otago Paralympics NZ Riding for the Disabled Special Olympics Sport Otago Studio 2 @ Retort Art Space Halberg Trust Therapeutic Pool Trust Options (PACT) PACT Mount Cargill Trust Connections Education and Development Trust	
Rehabilitation	Community Rehabilitation Centre – ISIS Centre	

Potential problems

For advice and advocacy contact:

Nationwide Health and Disability Advocacy Service

Human Rights Commission

PO Box 5998, Dunedin

Phone: 03 479 0265 or Freephone: 0800 377 766

Chapter Three

Older People's Health – If you are over 65 with any health, mental health, or disability issue

If you are over 65 and have a chronic illness or disability that may continue for six months or longer, **you may be entitled to support services** funded through your District Health Board. In order to get the **support services**, a Needs Assessment is done by specialists usually based at your local hospital.

What is Needs Assessment?

A NEEDS ASSESSMENT determines what services you will need to maintain or improve your health or mobility. A form is completed by the Needs Assessor after either visiting you in your home and talking with you, or visiting you in hospital, or at an Outpatient clinic or Day Hospital service. Once the assessment is completed, you will be asked to sign the **needs assessment form**, and you will receive a copy.

What if I do not understand the form or the process?

You may have someone with you to help you understand such as a friend, family/whanau member, a Patient Advocate, or an interpreter. All you need to do is ask for assistance.

How do I get a Needs Assessment?

- You can phone Older People's Health at the hospital and ask for one, or a friend or family/whanau member can ask for one for you.
- Your GP can ask for one.
- Any Community or Social Service Agency can ask for one for you.
- Hospital Services can ask for one for you.
- These are called Referrals for a Needs Assessment and your permission must always be sought before a referral is made.

How do I contact my local Needs Assessor and Service Co-ordinator?

Dunedin – Dunedin Hospital – 470 9111

North Otago – Waitaki District Health Ltd – 434 8770

South Otago – Clutha Health First – 418 0500

Central Otago – Central Health Ltd – 449 2878

What happens next?

You may have to wait for a **Needs Assessment** to be done.

You can ask how long you may have to wait.

Once the assessment is done the Service Co-ordinator will explain what help you are entitled to and help you choose the service you need. The Service Co-ordinator does this by giving you information about what is available from service providers and contacting the agency of your choice to put these services in place.

The Service Co-ordinator will also give you information about other services such as support groups in the community.

What services are available?

Community Supports

- Domestic Assistance – someone to help with housework. You must have a Community Services Card to get this service.
- Personal Care – someone to come in and help with showering, dressing, toileting and bedtime routines.
- Day Care – a place for you to go during the day to socialize and participate in activities and outings.
- Respite Care in a Rest Home – a temporary stay in a rest home to give your carer a break.
- Respite Care in Hospital – a temporary stay in a hospital, or hospital level care in a rest home, to give your carer a break.
- Night Sitter Service – someone to come into your home to sit with you during the night to give your carer a break.

- Community First – if you qualify for rest home care but want to stay in your own home, intensive and rehabilitative caregiving is offered through a trial project in Dunedin operated through Presbyterian Support Otago.

Residential Care

- Rest Home Care – you may need to leave your home and live in a rest home indefinitely.
- Hospital Care – your health needs may require you to enter a hospital.

Your Carer

- There may be a friend or family/whanau member who usually provides care for you on an informal basis. This person may be entitled to **Carer Support** through the assessment process. **Carer Support** gives paid days or half days for someone else, or to people who provide relief care in a formal setting, ie. a rest home, to care for you so that your family/whanau carer can have a break from the caring role. You or your carer can ask for this or you or your carer can ask your GP or assessment facilitator about this.

What can I do if my needs change or I have problems with my Service?

Contact your Service Co-ordinator

- if your needs change or
- if you have a problem with the agency providing the service or
- if you wish to change to a different agency to provide the service.

If you are not satisfied with the actions taken, then contact the **Nationwide Health and Disability Advocates on (03) 4790265.**

Chapter Four

Personal Health – If you have a medical condition issue and are under 65

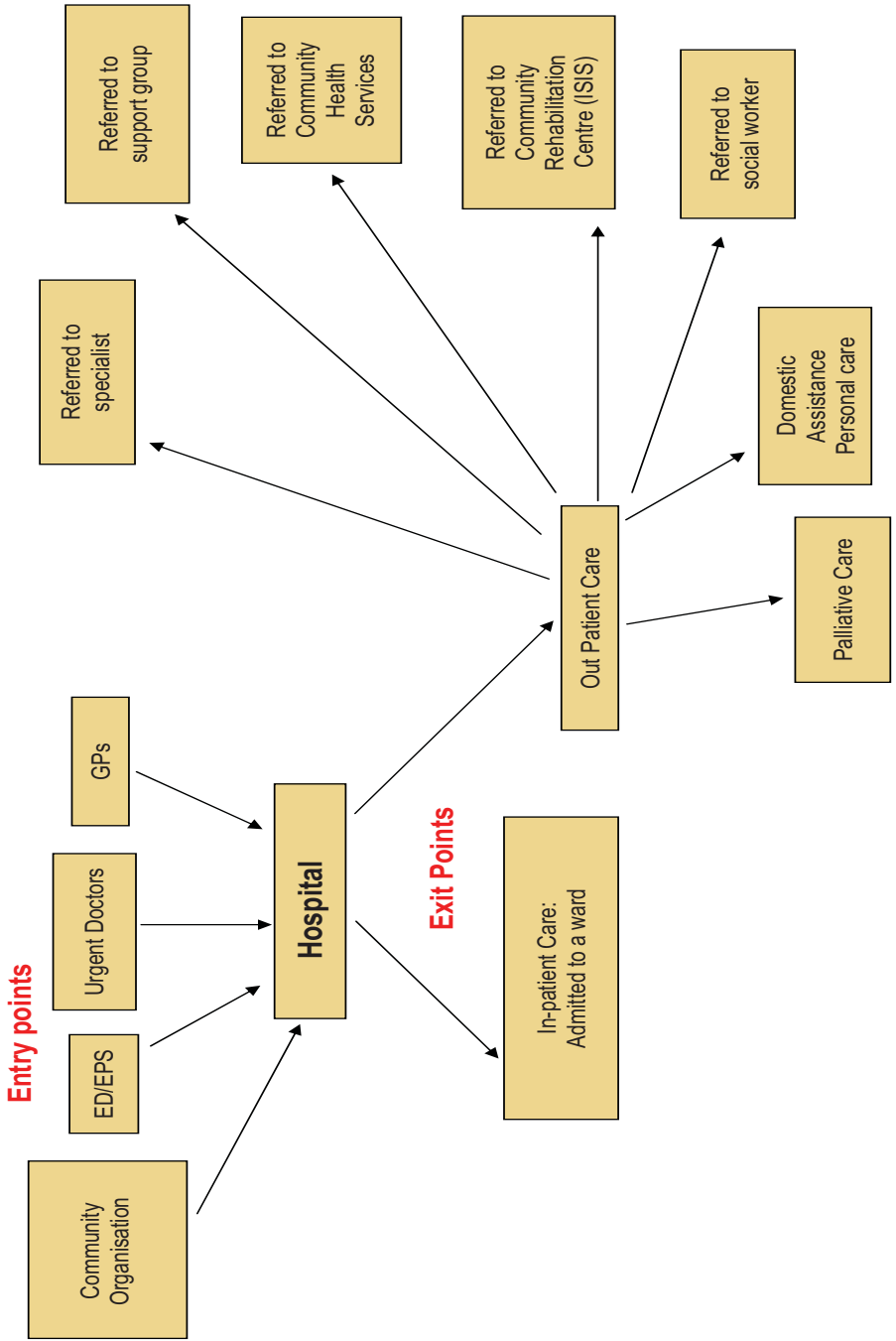
If the health need is the result of an accident/injury see chapter on ACC

If you have a health issue either short or long-term, you will be funded under the District Health Board. A client with a personal health need is defined as someone who has difficulty caring for themselves as a result of an illness or hospitalisation (eg. cancer, heart disease, respiratory disease, epilepsy, eye conditions) and who has not been assessed as having a disability.

All the services you might need to help you with your personal health problem are received through the in-patient or out-patient hospital services.

You may initially visit your GP, Urgent Doctors, the Emergency Department, Emergency Psychiatric Services, or a community organisation who then, if required, organises an in-patient stay in hospital, or an out-patient appointment with a specialist.

During your in-patient stay in hospital your immediate needs will be tended to, and before discharge you will be assessed to determine what you will need when you go home. However, you may need to see another service after your hospital stay, and the hospital will organise this. See the chart on the following page which helps explain the process.



Service	Provider	Please Note
District nursing		
Physiotherapy		
Occupational Therapy		
Speech Language Therapy		
Stomal Therapy		
Meals on Wheels		
Home Help – domestic assistance and personal care		
Continence		
Dietitian		
Carer Support		
Equipment/Transport		
Budgeting Assistance and Income Support		
Advocacy		
Support groups		
Respite Care		
Employment, training, and education options		
Recreational, social, personal development, day activities		
Rehabilitation		

Chapter Five

ACC – If you have had an accident at any age

If you have had an accident in New Zealand, or if you have an accident in another country but return to New Zealand within 6 months of the accident, you qualify for support through the Accident Compensation Corporation (ACC). Visitors to New Zealand also qualify for this support.

How do I get ACC support?

The usual way to get ACC support is through your own GP, Urgent Doctors, or through the Accident and Emergency Department of your hospital. An accident may happen at your place of work, in your home, during a recreation or sporting activity, or during any day-to-day activity. Lots of things qualify as an accident. You may fall, you may be injured by someone else, or you may re-injure an old injury that was due to an accident.

If you have not got help from ACC through the above routes you may be referred by a health related organization or you may approach ACC yourself.

What happens next?

For most people the treatment period is short and they recover quickly. The treatment provider will help you fill out an Injury Claim Form and ACC will pay either all or part of the cost of treatment. **It is important to make a claim as soon as possible because ACC may not be able to accept a claim made more than 12 months after an injury.**

What is a Needs Assessment?

A Needs Assessment is necessary if your injuries are considered more serious and you need extra support. A Needs

Assessment determines if you are eligible for ACC, what level of support is needed and what services you will need to help you to return to your normal life, or as near to it as possible, as soon as you can. A form is completed by the Needs Assessor after either visiting you in your home and talking with you, or visiting you in hospital. You will then receive a letter from ACC outlining the level of support. **The assistance you get depends on your individual needs. As your needs change the assistance you receive will also change.**

How are services put in place?

You will be contacted by your ACC case manager who will work with you to prepare a rehabilitation plan. This means planning steps that will help you become independent, including the part played by your family/whanau, doctor, or employer.

Who pays?

Sometimes ACC will help toward the cost of your treatment and sometimes treatment costs – such as acute treatment in hospital – are paid in full by ACC. ACC will also help with travel to treatment costs, including ambulance costs within 24 hours of the injury. If your injury keeps you off work, or stops you from caring for someone else, you will be compensated for your loss of earnings and get help with caring costs.

What if I do not understand the form or the process?

You may have someone with you to help you understand such as a friend, family/whanau member, a Patient Advocate, or an interpreter. **There is also a Pai Arahi available through ACC to support you.**

All you need to do is ask.

What support services could be available to me?

Your ACC Case Manager can help you to access some of the following support services:

Personal Care	
Domestic Assistance	
Childcare	
Transport Costs	
Surgery Costs	
Mobility	
Special Equipment	
Changes to your Home	
Training and Education	
Advocacy	Pai Arahi
Rehabilitation Centres	
Carer Support/Respite Care	
Recreational, social and personal development	
Special Equipment	

In Summary – Do Not Hesitate to Ask

If your circumstances change so that you require urgent attention, deal with the emergency first and then contact the Service Provider in the first instance or if this is not possible, your NASC Agency to advise them of your new situation, and ask what happens next.

If something happens to change your situation, either your needs change or your family carer's needs change, notify your NASC Agency and ask what happens next.

If you are unhappy with your situation please contact your NASC Agency and ask if something can be done to make things better, and ask what happens next.

Other Helpful Places

Carers' Society Otago

Disability Information Service

Health and Disability Advocacy Service

Otago Mental Health Support Trust

Alzheimers

Acclaim

DPA

WEKA www.weka.net.nz

Health Line

Life Line

Emergency Services 111

Ministry of Health

Human Rights Commission

Office for Disability Issues

Disability Services Directorate

Otepoti Consumer's Network

People First

Carers' Planning Tools – www.carers.net.nz

Glossary

NASC

Needs Assessment and Service Co-ordination

Referral

A communication, usually written, to convey information about an individual's needs

Needs Assessor/ Assessment Facilitator

The person who assesses the needs of the individual with an illness or disability

Service Co-ordinator

When an assessment has been completed it is passed on to the Service Co-ordinator who puts the relevant services, such as domestic assistance or personal care, in place.

Respite

Funding provided to give the carer a break from caring while a paid caregiver or rest home or other agency cares for the person they normally care for.

This information booklet has been developed by

**Disability Information Service Inc.
and
Carers' Society Otago**



**Carers' Society Otago
Community House
301 Moray Place, Dunedin
Ph (03) 471 6204 Fax (03) 471 6205
Email: carerssociety@pcconnect.co.nz**



**Disability Information Service
Community House
301 Moray Place, Dunedin
Ph (03) 4716152 Fax (03) 4716159
Email: dis.dn@xtra.co.nz**

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