Community Aids and Equipment Program (CAEP)

Repair/Maintenance Form for Disability Sector Organisations

## CAEP REPAIR/MAINTENANCE

|  |  |
| --- | --- |
| Is this person eligible for CAEP funding?  | $□$ Y        $□$ N        |
| Is this urgent? | $□$ Y        $□$ N        |
| **Name** |  |
| **Date of Birth** |  |
| **Contact telephone number** |  |
| **Address** |  |
| **Repairs/maintenance details** | $□$ Maintenance        $□$ Repair       * Make & model:
* Age (or approximate):
* Details of repair:
 |
| **Supplier contact details** |  |
| **Is couriering required?** | $□$ Y        $□$ N       **Contact the relevant Budget Holders for account details** |

## CAEP PRESCRIBER

| Name |  |
| --- | --- |
| **Business Name** |  |
| **Contact telephone number** |  |
| **Email address** |  |