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** |  |