

# Discretionary Veterans' Independence Programme (VIP) Services



If you have a Veterans' Affairs case manager, do not complete this form. Contact your case manager for these services.

## How to apply

1. Complete **pages 2 and 3** of this form.
2. Contact your doctor, specialist, or registered health professional. They need to complete **page 4** of this form.
  - If you are 80 or over, your doctor or health professional completes section **9a**.
  - If you are under 80 and have a terminal illness, your doctor or specialist needs to complete section **9b**.
3. Send us the completed form. You can either:
  - Download, scan, or take photos of the completed form and email to: **veterans@nzdf.mil.nz**, or
  - Post the completed form to: Veterans' Affairs, PO Box 5146, Wellington 6140

## If you would like assistance or like to discuss this form, contact us:

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070
- Or email us at **veterans@nzdf.mil.nz**

## Who can get Discretionary VIP Services?

Discretionary Veterans' Independence Programme (VIP) Services are available to vulnerable veterans who:

- are 80 or over, or under 80 with a terminal illness, and
- have qualifying service — meaning they served before 1 April 1974, or served after this date on a deployment that has been declared as qualifying operational service.

For more about qualifying service visit: [www.va.mil.nz/qualifying-service](http://www.va.mil.nz/qualifying-service)

## What are Discretionary VIP Services?

Discretionary VIP Services are services that aim to help veterans live independently in their own home. They do not provide any personal care for the veteran. Discretionary VIP Services include:

- Lawn mowing and up to 2 hours per month of garden maintenance.
- Exterior house washing which includes washing the exterior of the house, external windows, paths, and driveway, as required, in accordance with a seasonal schedule.
- Interior home cleaning of up to 2 hours per week including vacuuming, tidying and dusting, and cleaning the bathroom and toilet, kitchen surfaces, hard floors, and interior windows.
- Foot health maintenance including cutting and filing of toenails, and filing to reduce calluses.
- Personal medical alarm and monitoring, which includes the supply of a medical alarm, and accessories, and the 24 hour 7 days per week monitoring and response service.

## Veteran's personal details

**1** What is your full name?

First name

Middle names

Family name

**2** What is your service number?

**3** What is your date of birth?

// (DD/MM/YYYY)

**4** What ethnic group do you most identify with? (You can select up to two options)

European New Zealander

Asian

Māori

Other

Pacific Peoples

Prefer not to answer

## Contact details

**5** Residential address. Where do you live?

Address line 1

Address line 2

Suburb

City

Postcode

Country

**6** Your contact details

Email

Home phone

Mobile

**Sign the next page**



## Privacy statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:  
[www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

### I acknowledge that:

- The information I have given in this application form is true and correct
  - I have qualifying service
  - I am not receiving similar services or support from ACC or Work and Income
  - I live in my own home or rental accommodation
  - Veterans' Affairs may obtain further information to assess and decide on my application
  - I have read and understood the Privacy Statement on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
  - I authorise the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this application; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014
  - Failure to sign this authorisation or to abide by the conditions above means that my application may be declined or may be cancelled
- As a part of the conditions for registration for this Programme, I agree to behave in an appropriate manner with Veterans' Affairs contractors performing services, and to abide by any health and safety instructions they may give.

## Signature of claimant | Please sign

Signature of claimant:

Today's date: (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Given names:

Family name:



## For Registered Health Professionals or Registered Medical Practitioners

The next section on page 4 needs to be **completed by a registered health professional or registered medical practitioner**. They could be, but not only:

- GP
- Specialist
- Registered nurse
- Community or district nurse
- Practice nurse
- Māori health practitioner
- Occupational therapist
- Social worker
- Physiotherapist

**7** Professional's or practitioner's name


Name of practice  Registration #

Practice address

Email  Phone


**8** What is the veteran's disability, health condition, or terminal illness?

**Complete either 9a or 9b, then sign section 10** 

 **Registered Health Professional needs assessment declaration (For veterans 80 years or over)**

**9a** I consider that the need for the following services are ongoing and directly related to \_\_\_\_\_'s disability or health condition (tick services that apply).  
(Full name of veteran)

Interior house cleaning (up to 2 hours per week)
  Foot health maintenance  
 Exterior house washing
  Personal medical alarm  
 Lawn mowing and up 2 hours per month of garden maintenance

 **Registered Medical Practitioner needs assessment declaration | GP or specialist (For veterans under 80 years of age with a terminal illness)**

**9b** I certify that \_\_\_\_\_ has been diagnosed with a terminal illness and requires the following services:  
(Full name of veteran)

Interior house cleaning (up to 2 hours per week)
  Foot health maintenance  
 Exterior house washing
  Personal medical alarm  
 Lawn mowing and up 2 hours per month of garden maintenance

 **Signature of Registered Health Professional or Registered Medical Practitioner**

**10** Full name

Signature  Date: //