|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client Details (To be completed by delegated agency officer) | | | | | | | |
| Client File No | | Phone | | | Date of Birth | | |
| Last Name | | | | | First Name | | |
| Preferred Name | | | | | Gender  M  F  Non-binary | | |
| Email | | | | | | | |
| Usual Address | | | | | | | |
| Suburb | | | | | | Post Code | |
| Agency Unit or Team | | | | | | Client Deceased  Y  N | |
| Asset No. | Equipment Description | | | | | | |
|  |  | | | | | | |
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|  |  | | | | | | |
| Details of Investigation/Attempts to Retrieve Equipment | | | | | | | |
| Signature | | | | Name (Print/Stamp) | | | |
| Phone | | | | Email | | | |
| *Ensure that where the agency has determined a value or type of equipment that requires approval for write off this form is sent to the authorized agency supervisor to approve and forward to DES.* | | | | | | | |
| AUTHORISATION  Approved  Not Approved | | | | | | | |
| Name (Print/Stamp) | | | Signed by authorized Agency Officer / Supervisor | | | | Date |
| Send completed form to DES Finance at Netley **by fax (08) 8193 1258 or email** [des.frontdesk@sa.gov.au](mailto:des.frontdesk@sa.gov.au) | | | | | | | |
| Domiciliary Equipment Service Finance use only  Approximate Cost of Equipment $  Written off by       Date  Print Name | | | | | | | |