



**When completing this form:**

1. **Read and refer** to the **Rehabilitation Appliances Program (RAP) – National Guideline – Home modifications and lifts** available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines>
2. **Have the client with you** to:
  - **conduct** an in home functional assessment
  - **clarify** medical history
  - **complete** the **Authority to Install/modify form** available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms> or seek completion by the owner/body corporate/operator of the retirement village or lifestyle park.

**For help and guidance call:** Provider Hotline: 1800 550 457 – choose Option1 for Aids & Appliances provided under the Rehabilitation Appliances Program

Type of modification	Parts of the form to complete	Supporting documentation
AL15 Bathroom AL28 Other room	Complete <b>all parts except Part I</b> unless a bidet is part of the modification  <b>Note:</b> The prescriber needs to provide the specifications of the modification for review by a DVA OT Adviser. The OT Adviser may contact the prescriber to discuss the modification prior to DVA giving the approval to liaise with a contracted builder.	<ul style="list-style-type: none"> <li>• D1323 – Authority to Install/Modify – Home modification</li> <li>• Sketch of existing floor plan of residence (including multi-story floor plans).</li> <li>• Plans of existing and proposed modifications</li> <li>• Photos of existing area to be modified</li> <li>• List of specifications of modifications and products requested.</li> </ul>
AL07 Vertical Platform Lifts AL05 Stair Lift AM04 Ceiling Hoist	Complete <b>all parts except Part I</b>	<ul style="list-style-type: none"> <li>• D1323 – Authority to Install/Modify – Home modification.</li> <li>• Sketch of existing floor plan of residence (including multi-story floor plans).</li> <li>• Plans of existing and proposed modifications.</li> <li>• Photos of existing area to be modified.</li> <li>• List of specifications of modifications and products requested.</li> </ul>
AL10 Ramps > 190 mm AL26 Ramp Demountable AL14 Step > 2 steps	Complete <b>all parts except Part I</b>  <b>Note:</b> For ramps less than 190 mm and steps of one, use AL21 – Non Complex Home Modification – Other Modification and complete the D0992 – Order Form Mobility and Functional Support.	<ul style="list-style-type: none"> <li>• D1323 – Authority to Install/Modify – Home modification.</li> <li>• Plans of existing and proposed modifications.</li> <li>• Photos of existing area to be modified.</li> <li>• List of specifications of modifications and products requested.</li> </ul>
BE01 Bidet BE12 Bidet RPZ Valve	Complete <b>all parts except Part H</b>	<ul style="list-style-type: none"> <li>• D1323 – Authority to Install/Modify – Home modification</li> </ul>
AL23 Stove Isolation Switch	Complete <b>all parts except Part I</b>	<ul style="list-style-type: none"> <li>• D1323 – Authority to Install/Modify – Home modification</li> </ul>

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### **No duplication of government funded services**

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid/appliance or home modification through more than one government service e.g. National Disability Insurance Scheme(NDIS), Commonwealth Home Care packages and RAP.

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**Privacy notice** – Personal information is protected by law, including the *Privacy Act 1988*. Personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

The provider is responsible for ensuring that the client is aware that their personal information will be forwarded to DVA and companies authorised by DVA to deliver products for determining and/or providing benefits. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosure to the client's general practitioner

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### **Returning this form**

Send the completed form and supporting documentation to DVA, via email (preferred)

[RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au)

Or post to:

**Department of Veterans' Affairs**  
**GPO Box 9998**  
**Brisbane QLD 4001**

Provider Hotline: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the RAP.

## Part A – Provider details

**1 Provider type**

Occupational Therapist (OT)

Other – please specify

**Provider stamp** (if applicable)

**2 Provider's name**

**3 Provider number**

**4 Employer/business name**

**5 Address**

POSTCODE

**6 Contact number**

[   ]

Mobile

**7 Email**

## Part B – Other providers caring for the client (Not prescribing this modification)

**8 GP's details – Name**

Provider number

Employer/business name

Address

POSTCODE

Contact number

[   ]

Mobile

Email

**9 Is the client working with a Physiotherapist (PT)?**

No  ► **Go to Part C**

Yes  ► Please provide the PT's details – they may be contacted for further information

PT's name

Employer/  
business name

Phone

[   ]

Mobile

Email

## Part C – Client's details

10 Surname

11 Given name(s)

12 Date of birth

13 DVA file number

14 Client's address

POSTCODE

15 Contact number

Mobile

16 Email

17 Veteran Card type

Gold

White  ► Please list the current accepted conditions(s) relevant to this request

1.

2.

3.

18 Date of this assessment

## Part D – Proposed home modifications

19 Description of the proposed home modification

Ramp

Steps

Stove Isolation switch

Stair lift

Vertical platform lift

Ceiling hoist

Bathroom

Bidet only

Other  ► Please specify

20 Address of the proposed home modification

(if same as above, write 'As above')

POSTCODE

21 Type of residence

House

Townhouse

Unit

Villa

Relocatable home

Other

22 Residential setting

Lifestyle village


Retirement village

Lifestyle park

Strata title

Other  ► Please specify

Part D – Proposed home modifications continued...

- 23 Is the client the property owner?** No   
Yes  ► In which year did they purchase the property?
- 24 When did the client move into the residence?**
- 25 How long does the client intend to live at the residence?**
- 26 Was the client aware of their disability when they moved into the residence?** No  Yes
- 27 Is the proposed home modification for the client's primary residence?** No  Yes
- 28 Does the client have access to the toilet, bathroom and sleeping area on one level?** No  Yes
- 29 Does the client have access to another similar room/access at the residence which will meet their clinical needs (another bathroom, side entrance)?** No  Yes
- 30 Is this the first home modification requested by the client?** No  ► Please list other home modifications requested or completed through DVA or other government service?  
Yes
- |  |
|--|
|  |
|  |
|  |
|  |
|  |
- 31 Has the client sought assistance for the home modification through NDIS or other government service assistance?** No   
Yes  ►  Please provide details of the NDIS works by attaching the correspondence as supporting documentation
- 32 Is the client eligible for NDIS, HCP or other government service assistance?** No  Yes
- 33 Is the requested modification(s) more suited to NDIS or other government service assistance?** No  Yes
- 34 Does the modification provide direct access to/from the residence?** No  Yes
- 35 Is the residence well maintained and in good condition?** No  Yes
- 36 Would this home modification be considered normal household maintenance (for example, cracked or lifting pathway)?** No  Yes
- 37 Has the client received an insurance settlement for their condition?** No  Yes

**Part E – Client’s clinical condition and medical history**

**38 Please provide details of the client’s condition(s) and medical history of relevance to this proposed home modification**



**39 Has more than 3 months passed since the last surgery or hospital admission?** No  Yes

**40 Please provide details of the client’s most recent surgery or hospital admission**


**41 Has the client experienced any falls in the last 6 months?**

No   
Yes  ► How many?  
Less than 5  5 to 10  More than 10   
Please provide the location and circumstances of the fall(s)


**42 Is the client’s functional ability likely to improve with treatment and time?**

No   
Yes  ►  Please provide details of the client’s current or planned OT/ PT intervention to improve function as supporting documentation

**43 Client’s height and weight**

Height  cm Weight  kg

**44 The client currently lives:**

Alone  ► **Go to question 46**  
With a partner   
With a carer   
With others  ► Please specify


## Part F – Client’s living arrangements and support

**45** How many hours is the other person present in the house with the client over a 24 hour period?

**46** The client currently has the following support services:

Community nursing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>
Home care	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>
Meals on wheels	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>
Home Care Package	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>
GP home visits	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>
Other formal supports	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>
Family support (by family not living with the client)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ Frequency	<input type="text"/>

**47** Are these supports (formal and informal) able to assist with the client’s personal care, Activities of Daily Living (ADL) requirements?

No  Yes  ▶ Frequency

**48** Will the client or their carer have the capacity to safely use and operate the modifications?

No  Yes

## Part G – Clinical and Functional Assessment

**49** Upper and Lower Limb function (ROM, strength, coordination etc.)


**50** Balance

Sitting

Standing



**51** Mobility (include gait aids used indoors/outdoors/for distance)


**52 Transfer skills**

	Transfers independently?		Aids used	Are transfers safe?	
Chair	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Bed	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Toilet	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Car	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**53 ADL – comment on level of independence, assistance and/or assistive technology/aids used**

Dressing


Showering


Toileting


Continence (bowel and bladder)


Housework


Laundry


Mail collection/Rubbish management


Shopping


Meal Preparation /Cooking


Driving



Part G – Clinical and Functional Assessment continued...

54 Is the client currently independently accessing or using the area proposed for modification (e.g. accessing the bathroom or shower independently in the case of a bathroom modification)? No  Yes

55 Cognition (actively participates in transfers, ability to learn new techniques and follow instructions)


56 Is the client unsafe in accessing and using the area proposed for modification? No  Yes

57 Please provide a detailed descriptive activity analysis of the client’s current level of performance and include what level of supervision or assistance is required and describe who is currently providing the assistance


58 Please list simpler options the client has trialed to address their clinical goals and why these have not been appropriate. List non-structural modifications, rehabilitation appliances and modified behaviour techniques.

Option(s) trialed

Reason(s) it was inappropriate

1.
2.
3.

1.
2.
3.

Part H – Resident access and client’s mobility

59 Is this request for a bidet only (not part of a complex home modification)? No  ► Go to next question  
Yes  ► Go to Part I

60 Has the client undertaken a physiotherapy assessment or treatment program to address mobility or stair climbing? No  Yes

61 Is the client’s physiotherapist supportive of this request and proposed modification? Unknown  No  Yes

62 Is the residence situated on an unusually steep, rugged or rural block? No  Yes

63 Terrain

Street access

Backyard



Part H – Resident access and client’s mobility continued...

**64 Stair climbing**

	Number of steps	Existing rails			Time taken in seconds to:		Frequency per day
		One side	Both sides	None	Ascend	Descend	
Front steps	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Back steps	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internal steps	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**65 Have you considered the relevant Australian Standard in relation to the proposed modification?** No  Yes

**66 Have you considered the positioning and width of doorways and the direction of swinging doors?** No  Yes

**67 Does the proposed design of the modification encroach onto sewage or drainage systems, another’s property, public property or crown land?** No  Yes

**68 Is a bidet part of the modification?**  
 No  ► *Go to Part J*  
 Yes  ► *Go to Part I*

**Part I – Bidet modification**

**69 How many toilets are there in the residence?** One  Two  More than 2  ► Please specify

**70 Describe the location of the proposed bidet**

**71 Does the client have sufficient balance and control to maintain a central upright position during toileting?** No  Yes

**72 Is the client able to safely and independently clean themselves after toileting?** No  Yes

**73 Has the client been reviewed by a physiotherapist to assist with functional improvement related to toileting?** No  Yes

**74 Have you considered other simpler options for addressing the client’s needs?** No  Yes

**75 Is the client aware of the aesthetic implications of installing a bidet (RPZ valve and powerpoint)?** No  Yes

**76 Has the client considered the social impact of reliance on a bidet?** No  Yes

## Part J – Client’s clinical needs and goals of the home modification

### 77 Please list the client’s clinical needs and goals

1.
2.
3.
4.
5.

### 78 Please list the proposed home modification and how this will meet the clinical goals and needs of the client

1.
2.
3.
4.
5.



Please attach specifications as a separate document

### 79 All complex home modifications are contracted. Please choose a supplier.

Aidacare

Allianz

BrightSky

Country Care Group

## Part K – Checklist for supporting documents



Remember to attach all of the supporting documentation referenced in this form.

#### For requests of stove isolation switches, bidets only:

Completed **Authority to install/Modify** form D1323

#### For all other home modifications requests including lifts, ceiling hoists, steps greater than one step, ramps greater than 190mm, stair lifts, bathroom and other room modifications

Completed **Authority to Install/Modify** form D1323

Sketch of existing floor plan of residence (include multi-storey floor plans)

Plan(s) of existing area to be modified (including dimensions)\*

Plan(s) of proposed modifications (including dimensions)\*

Photos of existing area to be modified.

Specifications of modification and products requested.

A copy of the client’s current or planned OT/PT intervention to improve function.

If another government department is funding related works (NDIS) – please provide details of the works and correspondence.

\* For bathroom and room modifications plans need to include all relevant fixtures and fittings e.g. shower, bath, toilet, doorways, door swing, windows, power points, light switches, shower rose, hose taps and rails etc.

For major access modifications plans should include relevant landscaping, fixtures e.g. land size, width of doorways, presence of security screens, direction of door swing, sewage outlets, garden beds, fall of the land proposed for modification, suggested positioning of stair lift, vertical platform lift, position of existing window, power points, light switches, rails etc.

## Part L – Declaration

### 80 I declare that:

- I am the assessing health provider named in this request and the information I have given is true and correct.
- I have read the RAP National Guideline for Complex Home Modifications.
- I have sought advice from a DVA OT Adviser if I was unsure of any requirements.
- the client meets the eligibility criteria for a complex home modification.
- all relevant sections of this application form have been completed.
- I have attached all supporting documentation required to support this application.

Provider's signature



Date

/ /

### DVA Rehabilitation Appliances Program Contracted Suppliers of Trial Equipment

<i>Supplier</i>	<i>Phone</i>	<i>FAX - General</i>	<i>Email</i>
Aidacare	1300 888 052	1300 787 052	<a href="mailto:dva@aidacare.com.au">dva@aidacare.com.au</a>
Allianz Global Assistance	1800 857 715	1800 653 556	<a href="mailto:mfs@allianz-assistance.com.au">mfs@allianz-assistance.com.au</a>
BrightSky	1300 799 243	1300 799 253	<a href="mailto:mfs.orders@brightsky.com.au">mfs.orders@brightsky.com.au</a>
The Country Care Group	1800 727 382	1800 329 382	<a href="mailto:dva@country-care.com.au">dva@country-care.com.au</a>

**Prescribers are reminded that the choice of supplier is theirs.**

The alphabetical listing above is for administrative ease only.