Post Home Modification Report

**IMPORTANT**

Rehabilitation Appliances Program (RAP)

Provider Hotline: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP)

The Provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans’ Entitlements Act 1986*. 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 disclosed to the client’s general practitioner.

**Privacy notice**

Your personal information is protected by law, including the *Privacy Act 1988*. Your 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](http://www.dva.gov.au/privacy)

**RAP and NDIS** – Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

**Health Professional’s Details**

# Name Provider number

**Address**

POSTCODE

Provider Stamp *(if applicable)*

# Phone number

[ ]

**Fax E-mail**

[ ]

**Eligible Person’s Details**

# Surname Given name(s) Date of birth

**DVA file number**

/ /

# Card type Residential address

Gold

POSTCODE

White

# Home contact number

[ ]

**Mobile (if known) Type of modification completed:**

Access Modification

Bathroom Modification – cut down bath Bathroom Modification – hob reduction

Bathroom Modification – level access shower/bathroom Other

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**Installation**

***Timeframe:***

***Completeness:***

# Date modification was completed

**Has the modification been completed in accordance with the Occupational Therapy recommendations?**

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Yes

No – please specify changes and reason(s)

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**Use**

# Is the client using the modification as intended?

**Are there any practical difficulties with using the modification (e.g. operation of taps, etc.)?**

# Comments

Yes No

Yes No

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**Functional and Safety – Client/Care giver**

# Has the provision of the home modification improved the

**Eligible Person’s:**

Level of **Independence**?

Yes No NA

Level of **Safety**?

Yes No NA

Level of **ease** in using the area?

Yes No NA

# Has the provision of the home modification improved the

**Care giver’s:**

Level of **safety** during use?

Yes No NA

**Ease** of access in using the area?

Yes No NA

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# Comments

**General Comments**

**Which of the following goals of the modification were met?**

(As per objectives of home modifications as outlined in RAP National Guideline for home Modifications – Complex).

Enhanced Independence Enhanced Safety

Reduced dependency upon carer Reduced likelihood of admission to care

Other

# Please provide information on any planned but unmet

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**goals, if any:**

# Is there any part of the modification that should have

**been done differently?**

# Are there any outstanding issues that you believe the

**builder needs to address?**

# Additional comments

Yes – Please specify No

If insufficient space, please attach a separate sheet Yes – Please specify

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# Therapist’s signature

Date

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Please return completed forms to the Department, via email (preferred):

**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 Rehabilitation Appliances Program (RAP)

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**Save**

**Print**

**Clear**