

## **Authority to Install/Modify**

Please complete this form with the client and attach to the request for modifications form.

Please advise the person signing this form they are giving permission for the property to be modified. This modification requires approval by the Department of Veterans' Affairs before it can proceed.

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.

## 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) and RAP

home modification through r	nore than o	one government service	e.g. Natior	al Dis	ability Insur	ance Scheme	(NDIS) and F	≀AP.
Occupational Therapist								
Name (Please print)		Availa	ble (F	Please tick)				
			Mon		Tue	Wed	Thu	Fri
Phone		Email				]	Date	
[ ]							/	/
Client								
File number	Surname			Giver	n name(s)			
Address			,	Phon	ie			
				[	]			
		POSTCODE						
The following modifications h	nave been (	clinically recommended t	for the DV	\ clien	nt's continue	d safety and i	ndependence	
These modifications will be omodification.		•				•	-	
The specifications listed are Unauthorised changes may r				with t	he client's O	ccupational T	herapist and [	OVA.
When no longer required, the assistance for the restoration registration costs.								
DVA will not approve work th	at is deem	ned to be maintenance, e	.g. replace	ment	of rotting jo	ists, etc.		
When a General Power Outle however DVA will not fund ar switches).								
List all modifications to be completed	1.							
	2.							
	3.							
Installation of a lift/modular ramp		Stairlift			tical platforn		Mod removable	dular/
		Please note: When the removed at the cost of original state is the final change of ownership of	DVA, howe ancial resp	ver, a	ny repairs re ility of the h	equired to retu ome owner. Ir	rn the proper the event of	ty to its a sale or

the removal of the recyclable home modification.

The residence							
Type of residence:	House	Townhouse	Unit Villa				
	Relocatable home	Other					
	Is the residence part of a:						
	Lifestyle village	Retirement village L	ifestyle park Strata title				
Ownership of the residence:	Owned by the client	Owned by a relative	Rented Leased				
	State-owned home Please note: DVA does not provide home modifications to government-owned homes. The responsible state/territory housing agency will modify residences or organise alternative accommodation, in accordance with their own procedures.						
Signature							
DVA Client to sign this section as he As the DVA Client, I agree to the record the property to be modified. I under	mmended specifications liste	ed. By signing this documen	t I am giving permission for				
Signature 1							
· ·			/ /				
Olato de la companio			Date				
Signature 2							
Complete below if the property is re	ented. leased or part of a vi	llage, nark or strata title					
Rented or leased - the owner or thei	•						
Part of a village, park or strata title approval of the works to proceed.	- the operator or body corpo	orate will need to sign the au	thority below to confirm				
If the property is being rented, the ow contact details.	ner/property manager or au	thorised agent must consent	to the installation and provide				
By signing this document you are or approval by DVA before it can proce		e property to be modified.T	his modification still requires				
Name							
Position							
Name of village/park/ leasing group							
Address							
			POSTCODE				
Phone	[ ]						
Email							
Signature			Date				
Signature			/ /				
	Ĩ.						