



Request for Assistive Communication Device and/or Speech Pathology apps/software

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.

Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

PART A - Client details

1. Surname
2. Given name(s)
3. DVA client number
4. Contact phone number
5. E-mail address ☐ N/A
6. Date of birth
7. Card type ☐ Gold ☐ White – please contact DVA on **1800 550 457** or email RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Disability(ies).
8. Does the client live in a Residential Aged Care Facility?
No ☐
Yes ☐ ► Please refer to the RAP in Residential Aged Care List to determine items available to residents of aged care facilities. The list is available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care>
Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.
In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.
9. Is the client receiving these aids/appliances from NDIS, Home Care Package or CHSP?
No ☐
Yes ☐ ► NDIS ☐ Home Care Package ☐ CHSP ☐
(Note: There is to be no duplication)

Details of person authorised to act on the client's behalf (if applicable)

10. Surname
11. Given name(s)
12. Relationship to client
13. Contact phone number

PART B - Assessing Health Provider details

14. Provider type

☐

Speech Pathologist

☐

Specialist – Type of Specialist

15. Surname

16. Given name(s)

17. Provider number

18. Address

POSTCODE

19. Phone number

20. Email address

PART C - Device and/or Speech Pathology apps/software to be provided

21. Device

(Note: Please include a quote from the supplier with this form)

Device

Model

22. Application(s)/Software

(Note: Please include a quote from the supplier with this form)

Application/Software

Developer

23. Has the client successfully trialled the requested device and software/application?

No ☐

Yes ☐

Trial comments

PART D - Assessment

- 24. Provide clinical justification for the device, including why it is required. Please include the medical and speech pathology diagnoses, and detail the severity, extent and nature of the functional communication limitation, as well as any cognitive or physical impairment.**

- 25. Has the client trialled other devices or previously used an assistive communication device?**

No ☐ Yes ☐

- 26. How will the client benefit functionally from the use of the device? If other devices have been trialled, compare the functionality.**

- 27. Detail the client's level of competency with technology and your assessment of the client's need for training and support to achieve optimum communication outcomes.**

PART E - Acknowledgement by client and treating health provider

28. Acknowledgement

I acknowledge and accept that the above equipment being supplied by the Department of Veterans' Affairs (DVA) through the Rehabilitation Appliances Program (RAP) has been provided under the following conditions:

- DVA, through RAP, will not be able to assist with any technical support, troubleshooting or advice in relation to the provided device and/or software/applications);
- the client/speech pathologist/support team/family will be responsible for any issues such as hardware incompatibility, technical support, maintenance, licensing, software upgrades (other than speech pathology applications), computer hardware and hardware upgrades;
- any additional software requirements such as antivirus, operating systems, word processing, internet accessing and associated fees are the responsibility of the client.

Client signature



Date

Speech Pathologist/Specialist signature



Date



Please send the quote and any further clinical justification with this form to RAPGeneralEnquiries@dva.gov.au