



*This form should be provided with the Access modification application submitted using the [Home/Access Modifications Application form \(D1327\)](#) with other supporting documents as outlined in Part K .*

*As per the [RAP National Guidelines](#), where a client's physical ability has altered to reliance on a wheelchair or walking aid, an access path may be widened and may be extended to accommodate the use of this aid for direct access to the community from the existing home access point. A new path is only funded by DVA when connecting a new DVA funded ramp to the closest hard surface for safe and continual access/egress. DVA does not provide modifications on council owned land.*

Client Name: \_\_\_\_\_ DVA Card No: \_\_\_\_\_

Date of this document: \_\_\_\_\_

Has a joint site visit taken place with the building contractor? ☐ Yes ☐ No

If yes, date of site visit: \_\_\_\_\_

Persons present at site visit:

\_\_\_\_\_

#### General Description of Proposed Modifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Path to be modified at the:

☐ Front access ☐ Rear access ☐ Side access ☐ Other: \_\_\_\_\_

*Please tick all relevant items required for this modification.*

Occupational Therapist's recommendations for major modification – path extension/widening		Comments
The current path provides direct access to the community from the existing home access point?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional work is required to ready site for path installation e.g. removal of garden beds, etc. If yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstacles in the path of travel have been identified (eg drains/plumbing, eaves, awnings, air conditioning units, hot water systems, outward opening windows, downpipes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Widen existing path to _____ mm Current path width: _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lengthen existing path to _____ mm Current path length: _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Gradient of path to be no greater than 1: 20	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The ground surface for 600mm on either side of the path should be firm, at the same level and grade as the path, but may be of a different material	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
There should be no steps or changes in level greater than 3 mm between the path and surrounding surfaces/materials (or 5 mm with a bevelled/rounded edge)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
There should be a minimum 2000 mm vertical clearance above the full length of the path.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The camber and crossfall of the path shall not exceed 1:40	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The path should have a slip resistant finish	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A separate itemised list for client funded items has been provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>General</b> <i>It has been discussed with the client and builder that all work is to be carried out in accordance with any relevant Building Codes, Local Authority Regulations and Australian Standards. The builder is responsible for ensuring that Codes, Regulations or Australian Standards are being met. It is the builder's responsibility to verify all dimensions before work commences</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the client been advised of his / her responsibility in terms of ongoing maintenance of the path?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Diagrams with measurements attached (please attach and tick).

☐ Yes    ☐ No

[Authority to Install \(D1323\)](#) attached which reflects the final

☐ Yes    ☐ No



OT Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

OT Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_