



AL05, AL10, AL14 & AL15 Home/Access Modifications Assessment Form

for all major modifications (bathrooms, ramps, lifts etc)

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.

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.

Provider Details

OT Other (Specify Profession)

Provider Stamp (if applicable)

Name
Provider number
Employer
Address
 POSTCODE
Phone number [] [] Fax [] []
Phone number [] []
E-mail

Entitled Person/Delivery Details

Surname
Given name(s)
Date of birth / /
DVA file number
Gender Male Female
Card type Gold White – please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call **1800 550 457** (as above).

Entitled person's contact phone number and alternate contact number [] [] Alt. [] []

Residential address
 POSTCODE

Address of residence of proposed modification
 POSTCODE

Name

File No.

These items require DVA Prior Approval

To finalise request for any major modification (non access)

Please complete pages **1** to **8** AND page **11**.

For access modification – stair climber/lift/ramps (fixed or demountable, platform steps for walking frames)

Please complete pages **1** to **11** inclusive.

Modification(s) details

1: Description of modification being requested.

- Bathroom modification
- Stair lift/Lift
- Ramp(s)
- Other modification

2: Does this request relate to repairs or replacement of existing structures which could be considered normal household maintenance?

No Yes

3: Is the residence structurally sound and in good condition?

No Yes

4: Are there alternate facilities/ access in the residence which could be utilised?

No Yes

5: Does this modification provide direct access to/from the property/residence?

No Yes N/A

6: Was this residence purchased before any knowledge of any foreseeable problems that might arise from a disability?

No Yes

7: Length of time the entitled person has lived in this residence.

8: Is the entitled person considering relocation?

No Yes

Name

File No.

Diagnosis/Medical History/Prognosis details

9: Please specify period post surgery/hospital admission. (where relevant)

10: Medical history - list all previous and current conditions along with relevant prognosis.

Consider the possible prognosis when assessing for major modifications as these may take several months to complete and carry a degree of disruption in the home while in progress.

12: Is the entitled person's ability likely to improve with treatment or time?

No Yes

13: Comments (include information on any recent or planned OT or PT intervention to improve function).

14: Social situation:

Lives alone
 Lives accompanied - amount of time another is present (per 24 hrs)

hrs

Comments

Name

File No.

15: Please provide more details of type and frequency of assistance:

<i>Type of assistance</i>	No	Yes	<i>Frequency</i>
Community nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Home Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Does the GP home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other formal supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Family support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Home Care Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are the formal/informal supports able to assist with personal care ADLs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are the entitled person's supports able to safely assist the person to access or use the area considered for modification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments

Name

File No.

16: Description of residence:

Living in:

- House
- Unit
- Retirement village
- Relocatable home
- Other - please specify

Is this residence likely to be able to meet the long-term needs of the entitled person (e.g. would this residence still meet the entitled person's needs should he/she become wheelchair dependent)?

No Yes

Is this residence:

- Owned by entitled person
- Owned by relative
- Government owned housing
- Rented

If not self-owned, has the owner's approval been granted **and** supplied with this application?

No Yes

Is this residence subject to strata and company title (Body Corporate)?

No Yes

▶ Has the Body Corporate approval been granted **and supplied in writing** with this application?

No Yes

Name

File No.

17: Clinical and Functional Assessment:

Cognition (actively participates in transfers, ability to learn new techniques):

Upper **and** Lower Limb Function (ROM, strength, co-ordination etc):

Balance

Sitting:

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Standing:

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18: Mobility:

Mobility Indoors **and** Outdoors (include mobility aids used and distance):

19: Transfer skills from:

	<i>Transfers independently?</i>		<i>Aids used</i>	<i>Are transfers safe?</i>	
Chairs	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"/>

20: ADL:

Comment on level of independence or assistance:

Dressing:

Bathing:

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Name

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File No.

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Toileting:

Continence (Bowel and Bladder):

Housework:

Laundry:

Mail collection/Rubbish management:

Shopping:

Banking:

Driving:

Name

File No.

21: Is the entitled person currently independent in accessing/using the area proposed for modification (e.g. accessing their bathroom and showering independently in the case of bathroom modification)?

No Yes

22: Is the entitled person unsafe in accessing/using the area proposed for modification?

No

Yes ► Please provide a detailed descriptive **activity analysis** of the person's current level of performance and include what level of supervision/assistance is required and describe who is currently providing this assistance.

23: Does the entitled person have access to a toilet, bathroom and sleeping area on ground level?

No Yes

24: Does the entitled person have access to a toilet, bathroom and sleeping area on the one level?

No Yes

25: Please comment on simpler options already trialled or in place:

Non-structural modifications (e.g. grab rail installation, shower screen removal, rails to the stairs, non slip treads).

Rehabilitation appliances (e.g. bath boards, tub transfer benches, walking sticks, wheeled walkers, rails).

Modified behavioural techniques (e.g. sitting on bath board and lifting legs into bath, two feet per step pattern, rationalising number of times stairs are used daily).

Name

File No.

To finalise request for any major modification (non access)

Please complete pages **1 to 8** AND page **11**.

For access modification – stair climber/lift/ramps (fixed or demountable, platform steps for walking frames)

Please complete pages **1 to 11** inclusive.

Access Modifications – Stairlift/Lift/Ramps – fixed or demountable, platform steps for walking frames

Use in conjunction with pages **1 to 11** of **AL05, AL10 and AL15 Home/Access Modifications Assessment form**.

26: Has a physiotherapy assessment/treatment program to address mobility/stair climbing commenced or has a referral been organised? No Yes

 Attach any relevant Physiotherapy reports.

27: Name and contact details of physiotherapist.

Name of physiotherapist

Address

POSTCODE

Phone number

Fax number

E-mail

28: Is this request supported by the veteran's Physiotherapist? No Yes Unsure

29: Is the property situated on an unusually steep or rugged block? No Yes

Street access:

Terrain

Backyard:

Terrain

Stair climbing: Front steps:

Number

Existing rail(s): On one side only On both sides None

Back steps:

Number

Existing rail(s): On one side only On both sides None

Internal steps:

Number

Existing rail(s): On one side only On both sides None

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Name

File No.

Time taken to ascend stairs sec

Time taken to descend stairs sec

Frequency of stair access times per day

30: Describe activity analysis of stair climbing: (include reference to foot clearance, shortness of breath, level of assistance required, is stair climbing currently being achieved).

Ascent

Descent

31: How would an access modification impact the entitled person's functional independence (proposed use of the modification)?

32: Has the area proposed for modification been measured for:

The positioning and width of doorways and the direction of swing of doors?

No Yes

Dimensions of landings (in accordance with circulation spaces at doorways)?

No Yes

Relevant Aust standards (e.g. 1:14 for ramps) and so as not to encroach onto sewage or drainage systems, another's property, public property, public property or crown land?

No Yes

Name

File No.

Prescriber Recommendation

33: Is a major modification being recommended by you?

No Yes

Please outline the main goals of the modification

34: Recommended modification summary:

(Please attach detailed OT specifications as a separate document)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>

Checklist

To avoid delays, please use this checklist to ensure the completeness of this request.

- Sketch of existing floor plan of residence (include multi-storey floor plans).
- Plan(s) of existing area to be modified (include dimensions).¹
- Plan(s) of proposed modifications (include dimensions).²
- Photos of existing area to be modified.

¹. For bathroom modifications plans should include all relevant fixtures e.g. shower, bath, vanity, toilet, doorways, door swing, windows, power points, light switches, shower rose or hose, taps, rails etc.

². For major access modifications plans should include all relevant fixtures e.g. landing sizes, 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 stairlift/lift, windows, power points, light switches, rails etc.

35: Date of assessment.

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36: Prescriber's signature.



Date

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