



Australian Government

Department of Veterans' Affairs

# Application for Vehicle Assistance

**Under the *Veterans' Entitlements Act 1986* (VEA)  
Including Running and Maintenance Allowance**

## Vehicle assistance

The Department of Veterans' Affairs (DVA) recognises and supports the need for veterans to be able to travel for work, social or recreational purposes. The Vehicle Assistance Scheme (VAS) provides financial assistance to eligible veterans with an accepted disability that affects their mobility.

Financial assistance can be in the form of a grant towards:

- the purchase of a motor vehicle; and
- after at least 2 years, a replacement motor vehicle.

Further assistance may be granted in respect of that motor vehicle:

- for modifications and driving devices; and
- a running and maintenance allowance.

**NOTE:** Car modifications may be supplied to an entitled veteran under the Department's Rehabilitation Appliances Program if the veteran does not qualify under the Vehicle Assistance Scheme.

For details of the maximum grant payable for the purchase of an initial vehicle or a replacement vehicle, contact your nearest DVA office.

## Documents you will need to provide

For a new vehicle or a replacement vehicle you will need to attach a copy of the driver's licence of the intended driver (this may or may not be the veteran). If applying for the Running and Maintenance Allowance please provide the following:

- a copy of the driver's licence of the intended driver (this may or may not be the veteran);
- current copies of the compulsory third party insurance certificate, comprehensive insurance certificate and the registration certificate.

Please check the relevant Part of this form to see what documents are required when lodging this form.

## Assistance from ex-service organisations

You are encouraged to seek the assistance of an ex-service organisation of your choice in lodging this application.

Contact telephone numbers for these organisations can be found in local telephone directories or by contacting DVA in your State.

## Assistance from DVA

DVA staff can also help to complete this form.

## Completing this form

This form is in 7 parts:

**PART A** - All applicants - details of nominated representative.

**PART B** - All applicants - personal details and the grounds for this application.

**PART C** - Applicants for "running and maintenance allowance" only.

**PART D** - Applicants for an initial grant to purchase a motor vehicle only.

**PART E** - Applicants for a grant to purchase a replacement vehicle only.

**PART F** - Applicants for a grant to modify a motor vehicle only.

**PART G** - All applicants - declaration and consent.

## Proving your identity to DVA

When you lodge a claim with us you must prove your identity. You can establish your identity by providing original documents or certified copies from our approved list.

Find out more at [www.dva.gov.au/poi](http://www.dva.gov.au/poi).

---

## 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](#)

### **Giving false or misleading information is a serious offence.**

If any details you give on this form change, you must tell the Department within 21 days.

---

Please call **1800 VETERAN (1800 838 372)** during business hours.

You can also contact us by mail. Please address your correspondence to:

Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001

**PART A****Representative's details**

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

- 1 Do you wish to nominate a representative or organisation to act for you in matters relating to this application?**

No ☐ ► Go to Question 3

Yes ☐ ► Full name of nominated representative

Organisation (if applicable)

Address

 POSTCODE

Telephone

Home

 ( )

Work

 ( )

Facsimile

 ( )

Mobile

E-mail address

- 2 Is the representative trained under the Training and Information Program (TIP)?**

No ☐

Yes ☐ ► To what level?

**PART B****Veteran's details**

To be completed by the veteran

- 3 DVA file number (if known)**

- 4 Your surname**

- 5 Your given names**

- 6 Postal address**

POSTCODE

- 7 Telephone number(s)**

Home

 ( )

Work

 ( )

Mobile

- 8 Email address**

- 9 I am applying for:**  
(tick one or more boxes as appropriate)

Running and maintenance allowance ☐ ► Go to **PART C**

New vehicle grant ☐ ► Go to **PART D**

Replacement vehicle grant ☐ ► Go to **PART E**

Vehicle modification grant ☐ ► Go to **PART F**

## PART C

### Running and maintenance allowance

Running and maintenance allowance applicants only.

This allowance is only payable for a vehicle granted under the Vehicle Assistance Scheme.



**Please attach copies of:**

- the current driver's licence of the intended driver;
- the registration certificate;
- the compulsory third party vehicle insurance certificate; and
- the comprehensive vehicle insurance certificate.

- 10 What is the registration period for your vehicle?**

From

To

- 11 What is the insurance period for this vehicle?**

From

To

- 12 How much is the vehicle insured for?**

\$

- 13 Do you receive or have you applied for a Mobility Allowance from Centrelink?**

No ☐

Yes ☐ ► Reference number

## PART D

### New vehicle grant

New vehicle grant applicants only.

- 14 Which category best describes your accepted disability?**

Please tick one box.

**NOTE:** a leg that has been rendered permanently and wholly useless above the knee shall be treated as if it had been amputated above the knee.

**A** Both legs amputated above the knees

☐ ► Go to **Question 15**

**B** One leg amputated above the knee, the other leg amputated at or above the ankle and one arm amputated at or above the wrists

☐ ► Go to **Question 15**

**C** One leg amputated above the knee and both arms amputated at or above the wrists

☐ ► Go to **Question 15**

**D** Complete paraplegia with total loss of voluntary power in both legs

☐ ► Go to **Question 15**

**E** A condition that is similar in effect or severity to a condition described in A to C above.

☐ ► Go to **Question 15**

**15** What is the accepted disability (or disabilities) that affects your mobility?


**16** How does this disability affect your ability to travel for recreational, social or work purposes?


**17** Do you use crutches or any other mechanical aid?

No ☐

Yes ☐ ► Please describe the aid and how it assists your mobility


**18** Will you be driving the vehicle yourself on a regular basis?

No ☐

Yes ☐



Please attach a copy of your driver's licence.

**19** Will your partner or carer be driving you in the vehicle on a regular basis?

No ☐

Yes ☐ ► Name of partner or carer

--

Address

POSTCODE

Telephone

Home

( )
-----

Work

( )
-----

Mobile

--

**20** Are you eligible to claim or have you claimed compensation or damages for your mobility problem from anyone else?

No ☐

Yes ☐ ► Please provide details


**Vehicle details**

Please do not order this vehicle until and unless your eligibility is established.

**21 Provide details of the vehicles you are considering.**

Make

Model

Make

Model

Make

Model

DVA is required to be satisfied that you will derive a benefit from assistance provided under the VAS and that you will be transported in safety and reasonable comfort. Therefore, generally a Driver Trained Occupational Therapist (OT) will undertake an assessment to ensure these requirements are met. Driver Trained OTs are independent specialists, trained to assess the impact of a person's disability on their ability to drive, and make recommendations for appropriate vehicles and vehicle modifications if required. Any vehicles details you provide, will be taken into consideration by the Driver trained OT.

If you have a preferred Driver Trained OT, please provide their details below:

Driver Trained OT's name

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

POSTCODE

Telephone

Email

**PART E**

**Replacement vehicle grant**

Your current VAS vehicle will need to be traded in or sold. Additionally, a replacement vehicle grant cannot be approved if your present vehicle was provided under the VAS **less than 2 years ago**; unless that vehicle has since been stolen or destroyed.

**22 How are you disposing of your present vehicle?**

Trade-in

☐

Private sale

☐

Stolen or destroyed

☐

If the vehicle is **traded in**, the full trade value will be offset against the cost of the replacement vehicle.

If the vehicle is **sold privately**, full details of the sale and documentation is required. Please note that vehicles sold in this market price will be compared with the market prices stipulated in the trade guide, if the private sale is substantially less, the market price will be used to offset the cost of the replacement vehicle.

If the vehicle has been **stolen or destroyed**, full details of the insurance company write-off payment is required. This amount will be offset against the cost of the replacement vehicle.

**Vehicle details**

Please do not order this vehicle until and unless your eligibility is established.

**23 Provide details concerning the vehicle you would order.**

Make

Model

Make

Model

Make

Model

DVA is required to be satisfied that you will derive a benefit from assistance provided under the VAS and that you will be transported in safety and reasonable comfort. Therefore, generally a Driver Trained Occupational Therapist (OT) will undertake an assessment to ensure these requirements are met. Driver Trained OTs are independent specialists, trained to assess the impact of a person's disability on their ability to drive, and make recommendations for appropriate vehicles and vehicle modifications if required. Any vehicles details you provide, will be taken into consideration by the Driver trained OT.

If you have a preferred Driver Trained OT, please provide their details below:

Driver Trained OT's name

Address



POSTCODE

Telephone

Email

**24 What modifications are required to the vehicle to enable you to drive safely and in reasonable comfort?**


Please note you do not need to complete this section if you are applying for a New Vehicle Grant or Replacement Vehicle Grant.

DVA is required to be satisfied that you will derive a benefit from assistance provided under the VAS and that you will be transported in safety and reasonable comfort. Therefore, generally a Driver Trained Occupational Therapist (OT) will undertake an assessment to ensure these requirements are met. Driver Trained OTs are independent specialists, trained to assess the impact of a person's disability on their ability to drive, and make recommendations for appropriate vehicles and vehicle modifications if required. Any vehicles details you provide, will be taken into consideration by the Driver trained OT.

If you have a preferred Driver Trained OT, please provide their details below:

Driver Trained OT's name

--

Address

POSTCODE

Telephone

[     ]
---------

Email

--

**Declaration and consent**

**NO REPRESENTATIVE APPOINTED**  
Please complete if you do not have a representative appointed in PART A.

I declare that the details I have given in this form are complete and correct.  
I am aware that giving false or misleading information is a serious offence.  
I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this application.  
I consent to the release of medical, clinical or other information to the Department, by any medical practitioner, hospital, clinic, insurance company, Centrelink or other organisation, in relation to this application or its review.

**YOUR SIGNATURE**

Date

/ /

**REPRESENTATIVE APPOINTED**  
Please complete if you have a representative appointed in PART A.

I declare that the details I have given in this form are complete and correct.  
I am aware that giving false or misleading information is a serious offence.  
I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this application.  
I authorise the nominated representative or organisation to act for me in respect of this application and any reviews in respect of this or subsequent decisions. This authorisation will continue until I:

- revoke the authorisation; or
- nominate another representative or organisation to act for me.

I consent to the release of medical, clinical or other information to the Department, by any medical practitioner, hospital, clinic, insurance company, Centrelink or other organisation, in relation to this application or its review.

**YOUR SIGNATURE**

Date

/ /

**PHYSICAL OR MENTAL INCAPACITY**

If the veteran is unable to sign due to physical or mental incapacity, please sign on behalf of the veteran at either 'NO REPRESENTATIVE APPOINTED' or 'REPRESENTATIVE APPOINTED' above and provide the following details.



Please attach a copy of the document that gives you legal authority to act on behalf of the veteran, unless this has already been provided to the Department.

Your full name

Address

  
  


POSTCODE

Telephone

Home

( )

Work

( )

Mobile

I declare that I am authorised to act on behalf of the veteran in matters relating to this application. (Tick one box below).

☐ I have attached a copy of the authority document or a medical certificate attesting to this incapacity.

Type of document

☐ I have provided DVA with a copy of

**YOUR SIGNATURE**

Date

/ /