



Provider Hotline Number: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the RAP. For prior approval items, please attach clinical justification or use DVA specified forms.

### 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](#)

**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.

### Assessing health provider details

LVC    OT    OP    GP/LMO   Other (Specify profession)

**Provider Stamp** (if applicable)

**Name**

**Provider number**

**Employer**

**Address**   
 POSTCODE

**Phone number** [  ] **Fax** [  ]

**Mobile number**

**Email address**

### Client Delivery details

**Surname**

**Given name(s)**

**Date of birth**  /  /

**DVA File number**

**Card type**  Gold – Forward the completed form to ONE of the DVA contracted suppliers listed on the last page of this form.

White – Please contact DVA on **1800 550 457** to check eligibility under the client's Accepted Disability(ies).

Detail the client's clinical need and medical condition for which the client requires the equipment in the box below.

Send the completed form to [RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au).

If approved, DVA will forward the order directly to the nominated supplier.


Surname  DVA File number

*Client Delivery details continued...*

Does the client live in a Residential Aged Care Facility (RACF)? No  Yes  ▶ ACFI Classification not yet assigned

ACFI Classification

Does the ACFI classification contain 1 high domain or 2 or more medium domain categories?

No  Yes  ▶ Refer to DVA

If the client is in a RACF, the level of care will determine eligibility of the client. Clients with high ACFI classifications are not eligible for some items as they should be supplied by the RACF. Check the [RAP Aged Care Eligibility Matrix](#).

Client's contact phone number

Alternative number

Residential address

POSTCODE

Delivery address  
 (if different to above)


POSTCODE

**Order details** *(Assessing health provider to complete)*

Please refer to [RAP National Schedule of Equipment](#).  
 The RAP Schedule lists quantity and financial limits that must be adhered to when prescribing aids and appliances.

RAP Schedule No.	Product catalogue No.	Name/Description of Aid	Quantity	Does this item require prior approval? (exceeds quantity or \$ limit)

For additional items please attach details

 For **prior approval items AN11 and AN19 and, if exceeding financial limits, AN18 and AN20**, please attach clinical justification including functional and product assessment and quotes to this form, and send to [RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au). Note AN11's assessment can be found below. If approved, DVA will forward the order directly to the nominated supplier.

Surname

DVA File number

**Assessment for CCTV requests** (Prior Approval required )

**Is this request for AN11 (Closed Circuit Television CCTV)?**

No  ▶ You do not need to complete this section

Yes  ▶ Does the client live in a residential aged care facility?

No  Yes  ▶ Please call **1800 550 457**.

**Note:** If the request is for a RACF resident with a higher level ACFI score, they may not be eligible for CCTV.

**Client's vision-related diagnosis**


**Non-vision related diagnosis**


**Visual acuity**

**Unaided vision – Distance** Right

Left

**Aided vision – Distance** Right

Left

**Aided vision – Near (binocularly)**

**Field defect**

**Fluency of reading** – Client to read a paragraph of text at N8 (newspaper size) for at least one minute to determine fluency

words per minute

**Functional status**

**Physical function, including mobility and details of any equipment used**


**Upper limb function**


**Cognitive function and competence to operate CCTV**


**Client's social situation**

**Client lives:**  Alone  With a partner

Other (specify)

**If applicable, ability of partner/carer to carry out the tasks for which the CCTV is being requested e.g. reading**




Surname  DVA File number

**Supplier**


If no prior approval is required, send completed form attaching clinical justification to ONE of the contracted suppliers.

- Quantum
  Royal Society for the Blind  
 VisAbility
  Vision Australia

**Certification**

I certify that the client has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature



Date

/ /

DVA Rehabilitation Appliances Program

**Contracted Suppliers of  
Low Vision Equipment**

**Effective 1 September 2019**

<i>Supplier</i>	<i>ATE – Adaptive Technology</i>	<i>DLA – Daily Living Aids and Appliances</i>	<i>Phone</i>	<i>FAX - General</i>	<i>Email</i>
Quantum	✓	✗	1300 883 853	(02) 9875 1646	<a href="mailto:info@quantumrlv.com.au">info@quantumrlv.com.au</a>
Royal Society for the Blind	✓	✓	1300 944 306	(08) 8232 4807	<a href="mailto:intake@rsb.org.au">intake@rsb.org.au</a>
VisAbility	✓	✓	1800 847 466	(08) 9361 8696	<a href="mailto:lowvisionaids@visability.com.au">lowvisionaids@visability.com.au</a>
Vision Australia	✓	✓	1300 365 492	1300 847 329	<a href="mailto:visionstore@visionaustralia.org">visionstore@visionaustralia.org</a>

**Prescribers are reminded that the choice of contracted supplier is theirs.  
However, prescribers can only prescribe low vision equipment under RAP  
from a contracted supplier**

**The alphabetical listing above is for administrative ease only.**