



# Post Home Modification Report

## Rehabilitation Appliances Program (RAP)

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.

### 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](http://www.dva.gov.au/privacy) for more information about how DVA manages personal information.

**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.

### Health Professional's Details

<b>Provider Stamp (if applicable)</b>	<b>Name</b>	<input type="text"/>
	<b>Provider number</b>	<input type="text"/>
	<b>Address</b>	<input type="text"/> <div>POSTCODE</div>
	<b>Phone number</b>	[ <input type="text"/> ]
	<b>Fax</b>	[ <input type="text"/> ]
	<b>E-mail</b>	<input type="text"/>

### Eligible Person's Details

<b>Surname</b>	<input type="text"/>
<b>Given name(s)</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>DVA file number</b>	<input type="text"/>
<b>Card type</b>	<input type="checkbox"/> Gold <input type="checkbox"/> White
<b>Residential address</b>	<input type="text"/> <div>POSTCODE</div>
<b>Home contact number</b>	[ <input type="text"/> ]
<b>Mobile (if known)</b>	<input type="text"/>
<b>Type of modification completed:</b>	<input type="checkbox"/> Access Modification <input type="checkbox"/> Bathroom Modification – cut down bath <input type="checkbox"/> Bathroom Modification – hob reduction <input type="checkbox"/> Bathroom Modification – level access shower/bathroom Other <input type="text"/>

## Installation

**Timeframe:**

Date modification was completed

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**Completeness:**

Has the modification been completed in accordance with the Occupational Therapy recommendations?

☐ Yes

☐ No – please specify changes and reason(s)


## Use

Is the client using the modification as intended?

☐ Yes

☐ No

Are there any practical difficulties with using the modification (e.g. operation of taps, etc.)?

☐ Yes

☐ No

Comments


## Functional and Safety – Client/Care giver

Has the provision of the home modification improved the Eligible Person's:

Level of **Independence**?

☐ Yes

☐ No

☐ NA

Level of **Safety**?

☐ Yes

☐ No

☐ NA

Level of **ease** in using the area?

☐ Yes

☐ No

☐ NA

Has the provision of the home modification improved the Care giver's:

Level of **safety** during use?

☐ Yes

☐ No

☐ NA

**Ease** of access in using the area?

☐ Yes

☐ No

☐ NA

Comments


## General Comments

### Which of the following goals of the modification were met?

(As per objectives of home modifications as outlined in RAP National Guideline for home Modifications – Complex).

- ☐ Enhanced Independence  
☐ Enhanced Safety  
☐ Reduced dependency upon carer  
☐ Reduced likelihood of admission to care

Other

Please provide information on any planned but unmet goals, if any:


Is there any part of the modification that should have been done differently?

- ☐ Yes – Please specify  
☐ No


If insufficient space, please attach a separate sheet

Are there any outstanding issues that you believe the builder needs to address?

- ☐ Yes – Please specify  
☐ No


If insufficient space, please attach a separate sheet

Additional comments


Therapist's signature


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Date

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Send the completed form directly to the DVA contracted supplier that completed the home modification.

### DVA Contracted Suppliers

Supplier	Phone	FAX - General	Email
Aidacare	1300 888 052	1300 787 052	<a href="mailto:dva@aidacare.com.au">dva@aidacare.com.au</a>
Allianz Global Assistance	1800 857 715	1800 653 556	<a href="mailto:mfs@allianz-assistance.com.au">mfs@allianz-assistance.com.au</a>
BrightSky	1300 799 243	1300 799 253	<a href="mailto:mfs.orders@brightsky.com.au">mfs.orders@brightsky.com.au</a>
The Country Care Group	1800 727 382	1800 329 382	<a href="mailto:dva@country-care.com.au">dva@country-care.com.au</a>

The alphabetical listing above is for administrative ease only.