



This form is to be used for requesting prior financial approval for the provision of an assistance dog under the Rehabilitation Appliances Program (RAP).

This form is to be completed by a suitably qualified assessing health provider as detailed in the [RAP National Guideline - Assistance dogs](#) and in the [RAP National Schedule of Equipment](#).

**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.

The eligibility criteria for assistance dogs available through RAP is:

- **Psychiatric assistance dogs** – the client must:
  - have an accepted condition or diagnosis of post-traumatic stress disorder from a psychiatrist
  - be undergoing treatment with a psychiatrist or psychologist for post-traumatic stress disorder for at least 3 months
  - be assessed as stable and suitable for the supply of a psychiatric assistance dog, and
  - have in place living arrangements, the ability and support networks to properly care for the dog.
- **Guide dogs** – the client's medically assessed need is due to a war caused injury or disease/condition and be assessed as stable and suitable for the supply of a guide dog.
- **Hearing dogs** – the client's medically assessed need is due to a war caused injury or disease/condition and be assessed as stable and suitable for the supply of a hearing dog.
- **Mobility/Service dogs** – the client's medically assessed need is due to a war caused injury or disease/condition and be assessed as stable and suitable for the supply of a mobility/service dog.

### For all assistance dogs

Stability and suitability means to DVA for the purpose of an assistance dog that the client has:

- in place living arrangements, the ability and support networks to properly care for the dog
- no history of domestic violence or history of animal abuse, this includes all members of the household
- not been admitted to hospital for suicide attempt/s or self-harm behaviour in the last 12 months, and
- not misused drugs or alcohol in the last 12 months (as far as the assessing health provider is aware).

DVA will not consider the requests that will not provide a stable or suitable environment for the assistance dog.

### Obtaining approval for an assistance dog is a 2-step process:

1. Complete this form. If requesting a psychiatric assistance dog – conduct the **12 question World Health Organisation Disability Assessment Schedule (WHODAS 2.0)**. The WHODAS can also be completed electronically via this link: [DVA Assistance Dog Program – Online WHODAS](#). Please forward the completed form and any supporting documents including the WHODAS to DVA [RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au) for consideration. DVA will assess the application to determine if the veteran can progress to Step 2.
2. If DVA provides conditional approval, they will refer the application to a dog supplier who will conduct an assessment of the veteran's suitability for participation in their program.

**Veterans who do not meet the eligibility, stability and suitability criteria detailed in the RAP National Guideline will not be considered for an assistance dog through DVA.**

Please return completed forms to DVA, via email (preferred)

[RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au)

Or post to:

**Department of Veterans' Affairs  
GPO Box 9998, Brisbane QLD 4001**

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

**Part A** **Type of assistance dog**

**1 Type of assistance dog being requested**

- Guide dog  Mobility/Service dog  
 Hearing dog  Psychiatric assistance dog

**Part B** **Assessing health provider details**

**2 Referrer's name**

**3 Referrer type**  
(Check RAP National Guidelines on Assistance Dogs or the RAP Schedule)

- Psychiatrist  Psychologist  MH OT  
 MH Social Worker  OT  Audiologist  
 Audiometrist  Low vision clinic  
 Specialist - please specify

**4 Referrer's provider number**

**5 Name of referrer's practice/facility**

**6 Address**

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

**7 Contact number**

[  ] Mobile

**8 Email**

**Part C** **Client's current health provider** (if different to above)

**9 Provider name**

**10 Provider address**

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

**11 Provider number**

**12 Contact number**

[  ] Mobile

**Part D** **Client's details**

**13 DVA file number**

**14 Surname**

**15 Given name(s)**

**16 Date of birth**

Part D

Client's details continued...

17 Client's address

  

POSTCODE

18 Veteran card type

Gold  White

19 Does the client live in a Residential Aged Care Facility?

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

Part E

In principle agreement by Aged Care Home/Retirement Village Operator/Lifestyle Park

**Note:** This section is only to be completed when the client is a resident of an Aged-Care Home, Retirement Village or Lifestyle Park.

20 Details of the Aged Care Home/Retirement Village/Lifestyle Park

Name

Address

  

POSTCODE

Contact number

Name of the Operator

Name of Operator CEO/  
representative

21 Operator CEO/Representative's understanding

I understand the assistance dog is provided to the client for therapeutic purposes and agree to:

- the dog residing with the client at our aged care home/retirement village/lifestyle park
- support the client and the assistance dog to ensure their welfare is protected, and
- provide facilities that allow for the walking and toileting of the assistance dog.

I also understand this 'in principle agreement' is supporting the client's request for an assistance dog and in no way will this guarantee the client of a DVA provided assistance dog. I understand this request for an assistance dog still needs to be considered and approved by DVA and the relevant assistance dog supplier along with other supporting documentation.

Operator CEO/Representative's signature

Date

OR

Tick if a signed letter is attached

**Part F****Client's eligibility**

**Note:** Questions 22 - 24 are mandatory eligibility criteria for **psychiatric assistance dog requests only**

- 22 Is the client's diagnosis of PTSD:**  Accepted condition on DVA file, **OR**  
 Confirmation of diagnosis of PTSD from a psychiatrist is **attached**
- 23 Is the client undergoing treatment for PTSD with a suitably qualified health provider (psychiatrist or psychologist)?** No  Yes  ► Please provide contact details at Part C.
- 24 Has treatment been in place for 3 months or more?** No  Yes

**Note:** Question 25 is for **guide, hearing and mobility/service dog requests only**

- 25 Is there a clinical need for an assistance dog due to the client's war caused injury/disease/condition?** No  Yes  ► Provide details of the injury/disease/condition


**Part G****Client's clinical goals**

- 26 Provide details of the client's clinical goals and how the assistance dog will assist the client achieve their therapeutic goals**


**Part H****Client's suitability**

**Note:** Please complete the following questions based on your clinical opinion of the client and to the best of your knowledge. Please provide any supporting information or documentation with this request.

- 27 In your clinical opinion does the client have living arrangements and support networks in place to properly care for an assistance dog?** No  Yes  Unknown
- 28 Does the client have a history of domestic violence?** No  Yes  Unknown
- 29 Does the client have a history of animal abuse?** No  Yes  Unknown
- 30 Do other members of the client's household have a history of domestic violence?** No  Yes  Unknown
- 31 Do other members of the client's household have a history of animal abuse?** No  Yes  Unknown
- 32 Has the client been admitted to hospital for suicide attempt(s) or self-harm behaviour in the last 12 months?** No  Yes  Unknown
- 33 Has the client misused drugs or alcohol in the last 12 months?** No  Yes  Unknown

## Part H

*Client's suitability continued...*

34 Do you believe the client understands the commitment and responsibilities involved to properly care for the assistance dog? No  Yes

35 Do you believe the client understands and has consented to actively participate in the training of the assistance dog? No  Yes

36 Provide any additional information to support the questions above  
OR attach as supporting documentation and tick here


## Part I

## Mandatory criteria for psychiatric assistance dogs

**Note:** Questions 37 – 39 are mandatory eligibility criteria for **psychiatric assistance dog requests only**

37 Have you completed and included the 12 question WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) with this form? No  Yes

38 Have you explained to the client that they will be asked by DVA to complete the 12 question WHODAS 2.0 electronically after their 3, 6, 12 and 24 month milestone to help DVA monitor outcomes of the psychiatric assistance dog program? No  Yes

39 Does the client understand and agree to participate in the evaluation of the Psychiatric Assistance Dog Program? No  Yes

## Part J

## Assessing health provider's declaration

40 Assessing health provider's declaration

I declare that I am the assessing health provider named in this application and the information I have given is true and correct.

I understand that I need to notify DVA if the client's situation changes and I believe they are no longer able to provide a stable and suitable environment for the assistance dog.

If the client changes health provider I will inform the new health provider of this requirement

Assessing health provider's signature

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Date

/ /
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**Remember to attach all of the supporting documentation referenced in this form.**

- The client meets the eligibility criteria for an assistance dog.
- All relevant sections of the application form have been completed.
- The 12 question WHODAS assessment and any required forms will be forwarded to [RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au) (Q36)
- If the veteran is living in an aged care home/retirement village/lifestyle park, I have gained approval from the facility CEO or representative and have attached any letters/documentation supporting this approval. (Part E)
- I have attached all supporting documentation required to support this application.