



The Department of Veterans' Affairs (DVA) can reimburse the reasonable cost of household services to serving and ex-serving members of the Australian Defence Force who have an incapacitating compensable condition accepted under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) or under the *Military Rehabilitation and Compensation Act 2004* (MRCA).

Household Services Are those services which are reasonably required for the proper running and maintenance of a person's household and may include meal preparation, cooking, cleaning, laundry, ironing, shopping, lawn mowing and gardening. Household Services can be provided up to a statutory maximum weekly limit.

Medical information and evidence regarding the practical implications of the person's condition(s) are essential for DVA to make a determination.

Privacy notice Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programmes 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.](#)

This form is to be completed by a suitably qualified and experienced Occupational Therapist engaged by DVA to undertake an assessment of the person's ability to undertake tasks which are required for the proper running and maintenance of their household.

Part A	Client Details
1: Surname	<input type="text"/>
2: Given name(s)	<input type="text"/>
3: Address	<input type="text"/> <input type="text"/> POSTCODE <input type="text"/>
4: Date of birth	<input type="text" value=" / /"/>
5: DVA file number	<input type="text"/>

Part B	Assessment Details
6: Date of assessment	<input type="text" value=" / /"/>
7: Is this assessment for: (please tick box)	<input type="checkbox"/> New Household Services Claim <input type="checkbox"/> Renewal Household Services Claim

Part C

Clients Living Arrangements Details

8: How long has the client lived in the property?

9: Is the home:
(please tick box)

Owned

Rented

▶ Does the lease cover any of the services that are being recommended?

No

Yes

▶ Please specify

10: Home type

(e.g. single level house, apartment on 3rd floor etc.)

Please specify if the residence is on a sloping block, or if stairs are required to internally or externally access the home.

11: If residence is a house, please specify block size

 m²

12: Approximate size of home

 m²

13: Number of bedrooms

14: Number of bathrooms

15: Any extraordinary features of the home

16: Do other adults or children reside in the property?

No

Yes

▶ Please provide a description of the ability of other household member(s) to contribute to domestic tasks. If a medical condition is preventing them from providing assistance, please provide evidence.

Part D

Assessment

17: Main compensable conditions which impact assessment

Part D

Assessment *cont...*

18: Please provide details of both the clients and your clinical assessment of the following functions:

<i>Function</i>	<i>Clients Assessment</i>	<i>Clinical Assessment</i>
Sitting		
Standing		
Walking		
Using stairs		
Walking on uneven surfaces		
Lifting capacity		
Squatting and kneeling		
General body movement e.g. bending, neck turning, reach		
Balance		
Endurance		
Any relevant mental health factors		
Any relevant health factors		

Part D**Assessment** *cont...***19: Summary of clients' capacity to undertake household tasks**

Part E**Recommendations****20: Based on your assessment of this client's capacity, do you recommend they receive household services?**No Yes **21: Please provide your clinical reasoning for your recommendation**

22: Please provide your recommendations on the types of household services required and frequency (e.g. domestic cleaning - one service per fortnight/2 hours per visit)

<i>Recommended Service Type</i>	<i>Frequency of Service or not recommended</i>
Domestic cleaning	
Lawn mowing	
Gardening	
Gutter cleaning	
Window washing	
<i>Other (if applicable and please list)</i>	

23: Please provide any other relevant information

Part F**Provider Details****24: Surname****25: Given name(s)****26: Organisation****27: Phone number(s)**

Mobile

28: Email address

Upload the ADL to the Provider Upload Page (PUP). If you are unable to do this, please email this document to HHS@dva.gov.au by clicking on the EMAIL button below.

If you have filled in this form by hand, please scan the completed document and return to the same email address.