



Request for Assistive Listening Devices and/or Tinnitus Devices

This form is to be used by a suitably qualified assessing health provider for requesting assistive listening devices (ALDs) and/or tinnitus devices under the Department of Veterans' Affairs (DVA) Rehabilitation Appliances Program (RAP).

For further information on prescribing refer to the:

- RAP National Guideline for ALDs and Tinnitus Devices (<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines>) and the
- RAP National Schedule of Equipment (<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule>)

Important: If you are requesting:

- AA11 - Door Bell with Signal Light, and/or
- AA17 - Smoke Alarm Package for the Hearing Impaired

use form D0992 - Direct Order Form RAP Mobility & Functional Support Products (<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms>) to order directly from a DVA contracted supplier. DVA will fund reasonable installation costs under AL16 - Home Modification - Labour.

RAP does not cover hearing aids. Hearing aids are provided through the Australian Government Hearing Services Program (HSP) - see <http://www.hearingservices.gov.au/> The HSP can be emailed at hearing@health.gov.au.

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 for more information about how DVA manages personal information.

No duplication of government funded services

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid/appliance or home modification through more than one government service e.g. National Disability Insurance Scheme (NDIS) and RAP.

Part A	Assessing Health Provider details			
1. Provider Type	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Audiometrist	<input type="checkbox"/> SP	<input type="checkbox"/> OT
	<input type="checkbox"/> GP/LMO	<input type="checkbox"/> Physio	<input type="checkbox"/> RN	
	<input type="checkbox"/> Specialist - please specify <input style="width: 300px;" type="text"/>			
2. Name	<input style="width: 100%;" type="text"/>			
3. Employer	<input style="width: 100%;" type="text"/>			
4. Provider number (RNs use AHPRA number)	<input style="width: 300px;" type="text"/>			
5. Name of Provider's practice/clinic	<input style="width: 100%;" type="text"/>			
6. Address	<input style="width: 100%;" type="text"/>			
	POSTCODE			
7. Phone number	<input style="width: 150px;" type="text" value="[]"/>	Mobile number	<input style="width: 150px;" type="text"/>	
8. Email address	<input style="width: 100%;" type="text"/>			

Part B	Client details
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9. Surname

10. Given name(s)

11. Date of birth

12. DVA File number

13. Address
 POSTCODE

14. Card type Gold
 White - Detail the client's clinical need and medical condition for which the client requires the equipment in the box below. Call **1800 550 457** to check eligibility aligns with the client's accepted conditions.

15. Does the client live in a Residential Aged Care Facility (RACF)? No Yes ▶ If yes, the request can only relate to items AA04, AA06, AA10, AA18 or AK02 (or replacement parts/repairs thereof). The Residential Aged Care Facility is funded to provide other devices for clients with a clinical need.

Part C	Prescription details
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Note: Please refer to the RAP in Residential Aged Care List to determine items available to residents of aged care facilities. The list is available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care>

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.

RAP Schedule No.	Description	Brand	Product name	Quantity	Unit price (GST excl.)	GST (if applicable)
AA02	Induction loop					
AA04*	TV listening device					
AA06*	Microphone/FM Listening System					
AA10	Telephone Accessories					
AA15	Replacement Parts and/or Repairs for AA items					

Part C**Prescription details continued**

RAP Schedule No.	Description	Brand	Product name	Quantity	Unit price (GST excl.)	GST (if applicable)
AA18*	Wireless Streaming Device					
AK02	Tinnitus Devices					
AK03	Replacement parts and/or Repairs for AK02					

* Only an Audiologist or Audiometrist may prescribe these items.

DVA will undertake a value for money assessment. If the price significantly exceeds the recommended retail price or what DVA would normally pay, DVA may request further information such as an itemised quote and/or decline the request.

For **prior approval items**, please attach **clinical justification**.

For item supply limits please refer to the RAP National Schedule of Equipment (<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule>)

Part D**Declaration**

 **For items exceeding prior approval quantities and limits, please attach clinical justification documentation.**

16. Declaration

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

/ /

Please submit the completed form and attachments to:
rapgeneralenquiries@dva.gov.au