



# Post Home Modification Report

## Rehabilitation Appliances Program (RAP)

Provider Hotline: **1300 550 457** (metro) **1800 550 457** (country) – 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 local medical officer.

### 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](#)

**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"/>
		POSTCODE
	<b>Phone number</b>	[ <input type="text"/> ] <input type="text"/>
	<b>Fax</b>	[ <input type="text"/> ] <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"/>
	POSTCODE
<b>Home contact number</b>	[ <input type="text"/> ] <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"/>

Veteran name

DVA File number

**Installation**

**Timeframe:**

Date modification was completed

/  /

**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

Veteran name

DVA File number

**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**

Date

Please return completed forms to the Department, 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**

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