



Application for Vehicle Assistance

Under the *Veterans' Entitlements Act 1986 (VEA)* Including Running and Maintenance Allowance

Vehicle assistance

The Department of Veterans' Affairs (DVA) recognises and supports the need for veterans to be able to travel for work, social or recreational purposes. The Vehicle Assistance Scheme (VAS) provides financial assistance to eligible veterans with an accepted disability that affects their mobility.

Financial assistance can be in the form of a grant towards:

- the purchase of a motor vehicle; and
- after at least 2 years, a replacement motor vehicle.

Further assistance may be granted in respect of that motor vehicle:

- for modifications and driving devices; and
- a running and maintenance allowance.

NOTE: Car modifications may be supplied to an entitled veteran under the Department's Rehabilitation Appliances Program if the veteran does not qualify under the Vehicle Assistance Scheme.

For details of the maximum grant payable for the purchase of an initial vehicle or a replacement vehicle, contact your nearest DVA office.

Documents you will need to provide

For a new vehicle or a replacement vehicle you will need to attach a copy of the driver's licence of the intended driver (this may or may not be the veteran). If applying for the Running and Maintenance Allowance please provide the following:

- a copy of the driver's licence of the intended driver (this may or may not be the veteran);
- current copies of the compulsory third party insurance certificate, comprehensive insurance certificate and the registration certificate.

Please check the relevant Part of this form to see what documents are required when lodging this form.

Assistance from ex-service organisations

You are encouraged to seek the assistance of an ex-service organisation of your choice in lodging this application.

Contact telephone numbers for these organisations can be found in local telephone directories or by contacting DVA in your State.

Assistance from DVA

DVA staff can also help to complete this form.

Completing this form

This form is in 7 parts:

PART A - All applicants - details of nominated representative.

PART B - All applicants - personal details and the grounds for this application.

PART C - Applicants for "running and maintenance allowance" only.

PART D - Applicants for an initial grant to purchase a motor vehicle only.

PART E - Applicants for a grant to purchase a replacement vehicle only.

PART F - Applicants for a grant to modify a motor vehicle only.

PART G - All applicants - declaration and consent.

Proving your identity to DVA

When lodging a **new** claim for Income Support and Compensation payments under the *Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* or the *Military Rehabilitation and Compensation Act 2004*, before your claim can be finalised you may be required to show DVA documents that prove your identity. You must show original documents or copies that are certified as true copies of the originals. You will be contacted if it is necessary to provide these documents.

Further information about proving your identity to DVA is in the Fact Sheet, DVA06 "Proving your identity to DVA".

Applicants in payment prior to 4 January 2005 have already satisfied DVA's proof of identity requirements and do not need to again.

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](#)

Giving false or misleading information is a serious offence.

If any details you give on this form change, you must tell the Department within 21 days.

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on:

1800 555 254

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW 2001	GPO Box 9998 Brisbane QLD 4001
Victoria	300 Latrobe Street Melbourne VIC 3000	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD 4000	GPO Box 9998 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA 5000	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS 7001	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	2 - 6 Bowes Street Woden ACT 2606	GPO Box 9998 Brisbane QLD 4001

PART A**Representative's details**

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

1 Do you wish to nominate a representative or organisation to act for you in matters relating to this application?

No ► Go to Question 3

Yes ► Full name of nominated representative

Organisation (if applicable)

Address

POSTCODE

Telephone

Home

Work

Facsimile

Mobile

E-mail address

2 Is the representative trained under the Training and Information Program (TIP)?

No

Yes ► To what level?

PART B**Veteran's details**

To be completed by the veteran

3 DVA file number (if known)

4 Your surname

5 Your given names

6 Postal address

POSTCODE

7 Telephone number(s)

Home

Work

Mobile

8 Email address

9 I am applying for:
(tick one or more boxes as appropriate)

Running and maintenance allowance ► Go to **PART C**

New vehicle grant ► Go to **PART D**

Replacement vehicle grant ► Go to **PART E**

Vehicle modification grant ► Go to **PART F**

PART C

Running and maintenance allowance

Running and maintenance allowance applicants only.

This allowance is only payable for a vehicle granted under the Vehicle Assistance Scheme.



Please attach copies of:

- the current driver's licence of the intended driver;
- the registration certificate;
- the compulsory third party vehicle insurance certificate; and
- the comprehensive vehicle insurance certificate.

10 What is the registration period for your vehicle?

From / / To / /

11 What is the insurance period for this vehicle?

From / / To / /

12 How much is the vehicle insured for?

\$

13 Do you receive or have you applied for a Mobility Allowance from Centrelink?

No

Yes ► Reference number

PART D

New vehicle grant

New vehicle grant applicants only.

14 Which category best describes your accepted disability?

Please tick one box.

NOTE: a leg that has been rendered permanently and wholly useless above the knee shall be treated as if it had been amputated above the knee.

A Both legs amputated above the knees ► Go to **Question 15**

B One leg amputated above the knee, the other leg amputated at or above the ankle and one arm amputated at or above the wrists ► Go to **Question 15**

C One leg amputated above the knee and both arms amputated at or above the wrists ► Go to **Question 15**

D Complete paraplegia with total loss of voluntary power in both legs ► Go to **Question 15**

E A condition that is similar in effect or severity to a condition described in A to C above. ► Go to **Question 15**

15 What is the accepted disability (or disabilities) that affects your mobility?

16 How does this disability affect your ability to travel for recreational, social or work purposes?

17 Do you use crutches or any other mechanical aid?

No

Yes ► Please describe the aid and how it assists your mobility

18 Will you be driving the vehicle yourself on a regular basis?

No

Yes

	Please attach a copy of your driver's licence.
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19 Will your partner or carer be driving you in the vehicle on a regular basis?

No

Yes ► Name of partner or carer

	Please attach a copy of your driver's licence.
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Address

POSTCODE

Telephone

Home

()

Work

()

Mobile

--

20 Are you eligible to claim or have you claimed compensation or damages for your mobility problem from anyone else?

No

Yes ► Please provide details

Vehicle details

Please do not order this vehicle until and unless your eligibility is established.

21 Provide details of the vehicles you are considering.

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DVA is required to be satisfied that you will derive a benefit from assistance provided under the VAS and that you will be transported in safety and reasonable comfort. Therefore, generally a Driver Trained Occupational Therapist (OT) will undertake an assessment to ensure these requirements are met. Driver Trained OTs are independent specialists, trained to assess the impact of a person's disability on their ability to drive, and make recommendations for appropriate vehicles and vehicle modifications if required. Any vehicles details you provide, will be taken into consideration by the Driver trained OT.

If you have a preferred Driver Trained OT, please provide their details below:

Driver Trained OT's name

Address

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

POSTCODE

Telephone

Email

PART E

Replacement vehicle grant

Your current VAS vehicle will need to be traded in or sold. Additionally, a replacement vehicle grant cannot be approved if your present vehicle was provided under the VAS **less than 2 years ago**; unless that vehicle has since been stolen or destroyed.

22 How are you disposing of your present vehicle?

Trade-in

Private sale

Stolen or destroyed

If the vehicle is **traded in**, the full trade value will be offset against the cost of the replacement vehicle.

If the vehicle is **sold privately**, full details of the sale and documentation is required. Please note that vehicles sold in this market price will be compared with the market prices stipulated in the trade guide, if the private sale is substantially less, the market price will be used to offset the cost of the replacement vehicle.

If the vehicle has been **stolen or destroyed**, full details of the insurance company write-off payment is required. This amount will be offset against the cost of the replacement vehicle.

Vehicle details

Please do not order this vehicle until and unless your eligibility is established.

23 Provide details concerning the vehicle you would order.

Make	Model
<input type="text"/>	<input type="text"/>
Make	Model
<input type="text"/>	<input type="text"/>
Make	Model
<input type="text"/>	<input type="text"/>

DVA is required to be satisfied that you will derive a benefit from assistance provided under the VAS and that you will be transported in safety and reasonable comfort. Therefore, generally a Driver Trained Occupational Therapist (OT) will undertake an assessment to ensure these requirements are met. Driver Trained OTs are independent specialists, trained to assess the impact of a person's disability on their ability to drive, and make recommendations for appropriate vehicles and vehicle modifications if required. Any vehicles details you provide, will be taken into consideration by the Driver trained OT.

If you have a preferred Driver Trained OT, please provide their details below:

Driver Trained OT's name

Address

Telephone

Email

24 What modifications are required to the vehicle to enable you to drive safely and in reasonable comfort?

Please note you do not need to complete this section if you are applying for a New Vehicle Grant or Replacement Vehicle Grant.

DVA is required to be satisfied that you will derive a benefit from assistance provided under the VAS and that you will be transported in safety and reasonable comfort. Therefore, generally a Driver Trained Occupational Therapist (OT) will undertake an assessment to ensure these requirements are met. Driver Trained OTs are independent specialists, trained to assess the impact of a person's disability on their ability to drive, and make recommendations for appropriate vehicles and vehicle modifications if required. Any vehicles details you provide, will be taken into consideration by the Driver trained OT.

If you have a preferred Driver Trained OT, please provide their details below:

Driver Trained OT's name

Address

POSTCODE

Telephone

Email

Declaration and consent

NO REPRESENTATIVE APPOINTED
Please complete if you do not have a representative appointed in PART A.

I declare that the details I have given in this form are complete and correct.
I am aware that giving false or misleading information is a serious offence.
I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this application.
I consent to the release of medical, clinical or other information to the Department, by any medical practitioner, hospital, clinic, insurance company, Centrelink or other organisation, in relation to this application or its review.

YOUR SIGNATURE



Date

/ /

REPRESENTATIVE APPOINTED
Please complete if you have a representative appointed in PART A.

I declare that the details I have given in this form are complete and correct.
I am aware that giving false or misleading information is a serious offence.
I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this application.
I authorise the nominated representative or organisation to act for me in respect of this application and any reviews in respect of this or subsequent decisions. This authorisation will continue until I:

- revoke the authorisation; or
- nominate another representative or organisation to act for me.

I consent to the release of medical, clinical or other information to the Department, by any medical practitioner, hospital, clinic, insurance company, Centrelink or other organisation, in relation to this application or its review.

YOUR SIGNATURE



Date

/ /

PHYSICAL OR MENTAL INCAPACITY
If the veteran is unable to sign due to physical or mental incapacity, please sign on behalf of the veteran at either 'NO REPRESENTATIVE APPOINTED' or 'REPRESENTATIVE APPOINTED' above and provide the following details.

Your full name

Address

POSTCODE

Telephone

Home	()	Work	()
Mobile			

I declare that I am authorised to act on behalf of the veteran in matters relating to this application. (Tick one box below).

I have attached a copy of the authority document or a medical certificate attesting to this incapacity.


I have provided DVA with a copy of Type of document

YOUR SIGNATURE



Date

/ /

 Please attach a copy of the document that gives you legal authority to act on behalf of the veteran, unless this has already been provided to the Department.