



This form is to be used for requesting prior financial approval for the provision of a psychiatric assistance dog under the RAP to eligible veterans as an adjunct to treatment for posttraumatic stress disorder (PTSD).

**This form must be completed by an assessing health provider who is a mental health professional (psychiatrist, psychologist, mental health social worker, or mental health occupational therapist only).**

In completing this form, the assessing health provider must have confirmed that the veteran is currently undergoing treatment by a psychiatrist or psychologist for PTSD, and the treatment has been ongoing for a minimum of three months.

Requests for approval will not be accepted directly from a psychiatric assistance dog provider contracted to provide services to DVA clients or from the client seeking to receive a psychiatric assistance dog. A psychiatric assistance dog will not be considered for provision until DVA Prior Approval has been obtained.

**Please Note:** Approval for a psychiatric assistance dog is a two-step process:

1. DVA Prior Approval; and
2. Approval from DVA-contracted psychiatric assistance dog provider following suitability assessment.  
In undertaking the suitability assessment, the provider will consider the veteran's living arrangements, ability to participate in the training program and care for the welfare of a dog.

Veterans who do not meet the eligibility criteria detailed in the RAP Guidelines will not be considered for a psychiatric assistance dog through DVA.

To confirm veteran eligibility or for assistance completing this form, please contact the Transport Homes and Appliances Program (THAP) team on **1800 550 457**, and follow the prompts to speak with RAP.

Please send the completed form to DVA via email to [RAPGeneralEnquiries@dva.gov.au](mailto:RAPGeneralEnquiries@dva.gov.au)

### 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.](#)

You can access the RAP Guidelines by clicking [here](#)

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**

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

Veteran name

File No.

The following information is required for DVA to consider Requests for Prior Approval for a psychiatric assistance dog.

**Part A Referrer's Details**

1: Referrer name

2: Referrer type  
(psychiatrist, psychologist, mental health social worker, mental health occupational therapist)

3: Referrer's Provider number

4: Name of Referrer's practice/facility

5: Address  POSTCODE

6: Contact number [  ] Mobile

7: Email

8: Please confirm that the veteran has been undergoing treatment for PTSD with a psychiatrist or psychologist for three months or more  The veteran is currently undergoing treatment by a psychiatrist or a psychologist for PTSD.

**Part B Veteran's current psychiatrist or psychologist if different from Referrer**

9: Name

10: Provider address  POSTCODE

11: Provider number

12: Contact number [  ] Mobile

**Part C Assistance Dog Provider**

DVA will select the most appropriate psychiatric assistance dog provider for the veteran according to the veteran's location and any supply constraints.

**Part D Entitled Veteran's Details**

13: DVA file number

14: Surname

15: Given name(s)

16: Date of birth  /  /

Veteran name

File No.

**Part D** **Entitled Veteran's Details** *cont...*

**17: Card type**  White  Gold

**18: Is the veteran's diagnosis of PTSD:**  Accepted condition on file **OR**  Confirmation of diagnosis of PTSD from a psychiatrist is attached

**Part E** **Entitled Veteran's Suitability**

I have confirmed the veteran's living environment, support network and life circumstances are conducive to the care of a psychiatric assistance dog as outlined in the [RAP Guidelines](#).

Please provide additional information if required.


In my opinion, the veteran will be able to manage introducing an assistance dog into their environment.

Please provide additional information if required.


In my opinion, the veteran does not meet any of the exclusion criteria as outlined in the [RAP Guidelines](#).

Please provide additional information if required.


I have discussed the commitment involved in caring for an assistance dog and confirm:

The veteran understands the commitment involved in caring for an assistance dog.

The veteran is aware of the requirement to participate fully in the training program as provided by the DVA-contracted psychiatric assistance dog provider.

 **Please attach any relevant information separately**

 **Please attach the completed WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) questionnaire with this form.**

**Part F** **Declaration**

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

**20: Referrer's Provider number**

Date  /  /