



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).

Details of suitably qualified assessing health providers are detailed on the last page of this form. For further information on prescribing refer to the [RAP National Guideline for ALDs and Tinnitus Devices](#) and the [RAP National Schedule of Equipment](#).

Important: If you are requesting:

- AA11 - Door Bell with Signal Light, and/or
- Installation of AA17 - Smoke Alarm Package for the Hearing Impaired
(**Note:** the request for the actual Smoke Alarm Package is to be made on this form)

use [D0992 - Direct Order Form RAP Mobility & Functional Support Products](#) to order directly from a DVA contracted supplier.

RAP does not cover hearing aids. Hearing aids are provided through the [Australian Government Hearing Services Program \(HSP\)](#). The HSP can be emailed at hearing@health.gov.au.

Automated process for high-volume providers: If your organisation has access to the automated process for high-volume providers, you can submit requests for certain items for **Gold Card** holders with a clinical need, at set prices within the price and quantity limits in the RAP Schedule via DVA's payment system RAPTOR. In this case, **do not use this form**.

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](#)

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) - Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

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: 150px;" 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: 60%;" type="text"/>
5. Name of Provider's practice/clinic	<input style="width: 100%;" type="text"/>
6. Address	<input style="width: 100%;" type="text"/> <div style="text-align: right;">POSTCODE</div>
7. Phone number	<input style="width: 150px;" type="text"/> [] 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 disability(ies).

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). Other devices are the responsibility of the RACF.

Part C	Prescription details
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Note: If prescribing for a resident with an ACFI classification, check the [Aged Care Eligibility Matrix](#) prior to prescribing.

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)
AA17	Smoke Alarm Package for the Hearing Impaired. Note: An Audiogram showing severe or worse hearing loss in the better ear is required for AA17 applications. DVA will fund reasonable installation costs of a Smoke Alarm Package under AL16. To arrange installation through a DVA contracted supplier complete D0992 - Direct Order Form RAP Mobility & Functional Support Products and state if the smoke alarm is hard wired or battery operated.					
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**.

If the item has a quantity limit (see the last page of this form or RAP Schedule) and the client has received an item of the same type within the last 5 years, please attach justification for the **early replacement**.

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

Description of items

RAP Schedule No.	Description	Prior approval required	Assessing health provider	Contracted item	Comments
AA02	Induction Loop	No	A, At, SP	No	Product assessment should be conducted to determine the best 'fit' of the equipment to the needs of the client. Refer to the RAP National Guidelines
AA04	TV Listening Device	No, unless exceeds \$752 or 1 per person	A, At	No	Refer to the RAP National Guidelines
AA06	Microphone/FM Listening System	No, unless exceeds \$1860 or 1 per person	A, At	No	Refer to the RAP National Guidelines for further detail
AA10	Telephone Accessories	No	A, At, OT, SP, S	No	Refer to the RAP National Guidelines for further detail. Before prescribing the equipment, review alternative avenues for sourcing the equipment such as Telstra disability equipment, a captioning service for the Deaf, and the Government's Relay Service. Links provided in the RAP National Guidelines
AA15	Replacement Parts and/or Repairs for AA items.	No, unless exceeds \$624	S, A, OT, SP, At, RN, Physio	Refer to RAP AA Item Number	If repairs and replacements parts are more than \$624, consider replacing the item. DVA accepts financial responsibility for items not covered under the warranty period.
AA17	Smoke Alarm Package for the Hearing Impaired	No	A, S, At, OT, GP/LMO	No Installation through Mobility & Functional Support	Refer to the RAP National Guidelines for further detail. Note: An Audiogram showing severe or worse hearing loss in the better ear is required for AA17 applications. Installation of Smoke Alarms DVA will fund reasonable installation costs of a Smoke Alarm Package under AL16. To arrange installation through a DVA contracted supplier complete D0992 - Direct Order Form RAP Mobility & Functional Support Products and state if the smoke alarm is hard wired or battery operated.
AA18	Wireless Streaming Device (accessory to connect hearing aids with external devices)	No, unless exceeds \$620 or 1 per person	A, At	No	The client requires compatible hearing aids and a hearing assessment prior to supply. Refer to the RAP National Guidelines
AK02	Tinnitus Devices	Yes, Limit of 1 per person	A, S	No	A clinical technical consultation should be conducted to determine suitability. Issue as a trial and evaluate benefits with the client at a subsequent consultation.
AK03	Replacement parts and /or Repairs for AK02	No	A, S	No	DVA accepts financial responsibility for items not covered under the warranty period.