# **Checklist for Prescribers Submitting Cat 2 Equipment Requests**

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| Do not submit any documentation to the DHS Equipment Program until  you answer yes or N/A to all the questions below | | |
| Is the equipment item requested, an in scope item on the [Equipment In Scope List](https://equipmentprogram.sa.gov.au/__data/assets/excel_doc/0019/42265/DHS-EP-Equipment-In-Scope-List.xlsx)?  Items that are not in scope, will not be supplied by the DHS Equipment Program. If there are exceptional circumstances, discuss these with a DHS Equipment Program Clinician in the first instance to determine options. | Yes  No |
| Does the requested item meet the [Key Approval Criteria for Equipment](https://equipmentprogram.sa.gov.au/equipment-program/DACCM/eligibility/key-approval-criteria-for-equipment) | Yes  No |
| Does the requested item meet the Specific Eligibility Criteria (if applicable)  See [Equipment Program - Equipment Program Eligibility Documents](https://equipmentprogram.sa.gov.au/lists/dhs-equipment-program-documents/eligibility-documents) | Yes  No  N/A |
| Have you attached any relevant Criteria Screening Tool for the item being requested?  [Equipment Program - Equipment Program Eligibility Documents](https://equipmentprogram.sa.gov.au/lists/dhs-equipment-program-documents/eligibility-documents) | Yes  No  N/A |
| Have all less complex equipment or non-equipment options been trialed or explored with client? | Yes  No |
| Have you completed all the information requested on the [Equipment Request Form](https://equipmentprogram.sa.gov.au/__data/assets/word_doc/0017/19700/DHS-EP-Equipment-Request-Form.docx) | Yes  No |
| Have you attached the [Delegate Approval Request Form](https://equipmentprogram.sa.gov.au/__data/assets/word_doc/0006/77820/Delegate-Approval-Request-Form.docx) for Category 2 items? | Yes  No |
| Have you attached the [Risk Rating and Priority Scoring Form](https://equipmentprogram.sa.gov.au/__data/assets/word_doc/0012/21054/Risk-Rating-and-Priority-Scoring.docx) for Category 2 items or for communication devices [Priority Scoring Communication and Assistive Technology](https://equipmentprogram.sa.gov.au/__data/assets/word_doc/0015/21039/Priority-scoring-communication-and-assistive-technology-form.doc) | Yes  No  N/A |
| Have you attached any relevant Specification Forms for the item being requested?  [Equipment Program - Forms - Specifications](https://equipmentprogram.sa.gov.au/lists/selecting-equipment/forms-specifications) | Yes  No  N/A |

All requests should be forwarded to the DHS Equipment Program for consideration via [DHSEquipmentProgram@sa.gov.au](mailto:DHSEquipmentProgram@sa.gov.au)

Please note:

* If the request is approved, however funding is not available, the client will be sent a letter advising them that the request is being resource managed.
* If the request is not approved, the client will be sent a letter stating that they are not eligible for the equipment item.
* As the prescriber, you will also be advised of the outcome.