**Home Modification Request and Agreement Form**

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| **Client Details** | | | | | | |
| Funding Stream  APER      ACC [Client ID:      ]   DSOA [Client DSOA ID:      ] | | | | | | |
| Phone | | | Date of Birth | | | |
| Prefix | Last Name | | First Name | | | |
| Preferred Name | | Pronouns | | | | |
| Gender:  M  F  Non-binary  Prefer to not answer  Different term | | | | | | |
| Email | | | | | | |
| Residential Address | | | | | | |
| Suburb | | | | | | Postcode |
| Interpreter required:  No  Yes Primary Language | | | | | | Client weight |
| Indigenous Status Aboriginal TSI  Aboriginal and TSI Neither Not stated | | | | | | |
| **Alternate contact** (if applicable) Guardian Other Preferred Contact   Y N | | | | | | |
| Name | | | | Relationship | | |
| Phone | | | | Email | | |
| **Home Modification Request Details** | | | | | | |
| Priority for Category 2 request (Score 1-12, refer to Priority tool): | | | | | | |
| Safety precautions | | | | | | |
| Special needs | | | | | | |
| Discharge from hospital dependent on Home Mods completion? Y N  Completion date if required: | | | | | | |
| Installation Priority: Standard  Urgent (additional costs apply) | | | | | | |
| Contact for modification: | | | | | | Phone: |
| The following items have been clinically recommended for continued safety and independence. Installation of these home modifications is subject to Equipment Program approval. | | | | | | |
| 1. | | | | | Cat 1  Cat 2 | |
| 2. | | | | | Cat 1  Cat 2 | |
| 3. | | | | | Cat 1  Cat 2 | |
| 4. | | | | | Cat 1  Cat 2 | |
| 5. | | | | | Cat 1  Cat 2 | |
| 6. | | | | | Cat 1  Cat 2 | |
| 7. | | | | | Cat 1  Cat 2 | |
| 8. | | | | | Cat 1  Cat 2 | |

|  |  |  |  |  |
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| **Site visit required:** (visit prior to commencing job) Y    N    (Attach additional paperwork if required) | | | | |
| Joint visit required? (Due to complexity): Y    N | | | | |
| **Additional information:** Hot Water Service type (gravity/mains/instantaneous): | | | | |
| Additional bracket for handheld shower and location required (height AFL):      mm | | | | |
| **Assessment and Follow Up** | | | | |
| Assessment report(s) / attached                                                       Y        N   I will be completing follow up once delivered                                    Y        N   If no, is follow up review required by Equipment Program OT/PT    Y        N | | | | |
| **Assessor Details and Checklist** | | | | |
| Name | Phone       Discipline: OT   PT | | | |
| Organisation and Team Name | | | Email | |
| Home modification agreement section/s completed and signed | | | | |
| Templates/diagrams attached; Number of pages: | | | | |
| **Note**: If significant changes are required to what is detailed on this request and agreement form, new signed drawings that indicate final requirements must be submitted prior to work commencing.  If a building consultant is involved, a scope of works will be completed and must also be signed by all parties.  If repairs are required, please contact [DHSEquipmentProgram@sa.gov.au](mailto:DHSEquipmentProgram@sa.gov.au) or **1300 130 302** to discuss your options. | | | | |
| I have completed an assessment and believe the requested modifications will meet the client’s needs. | | | | |
| **Signed** | | | | **Date** |
| **Home Modification Agreement** | | | | |
| I am the homeowner and I give permission for the modifications listed above (complete section **1**) | | | | |
| I am not the homeowner (Sections 1 and 2 must be completed) | | | | |
| **1. Client/carer/advocate**   I agree for the Equipment Program to install the recommended home modifications listed above subject to approval. I have received, read and understood and accept the *‘Equipment Program Terms and Conditions of Installation of Home Modifications*’ and the ‘*Equipment Program Information for Provision of Home Modifications’*.     I have been involved in the prescription of these modifications and to the best of my knowledge agree that they will meet my needs. | | | | |
| **Name** | | **Signed** | | **Date** |

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| **2. Owner of the property**  Does client reside in a retirement village/low-income housing/ supported accommodation?  Y   N  If yes, please check eligibility before proceeding. If eligible, ensure homeowner’s approval processes are adhered to.  I the owner of this dwelling, give permission for installation of the modifications listed above by the Equipment Program, subject to approval.  I have received, read, understood, and accept the ‘*Equipment Program Terms and Conditions of Installation of Home Modifications*’ and the ‘*Equipment Program Information for Provision of Home Modifications*’ | | | |
| **Name** | | **Signed** | **Date** |
| **Submit for Approval / Supply - email** [DHSEquipmentProgram@sa.gov.au](mailto:DHSEquipmentProgram@sa.gov.au) | | | |
| **Internal Use Only** | | | |
| Confirmed Funding APER     ACC        DSOA | | | |
| **CSO** | **Name** | **Signed** | **Date** |
| **Delegate** | **Name** | **Signed** | **Date** |