**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 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 |
| **Internal Use Only** |
| Confirmed Funding APER **[ ]**     ACC **[ ]**        DSOA **[ ]**    |
| **CSO** | **Name**        | **Signed**        | **Date**        |
| **Delegate** | **Name**        | **Signed**        | **Date**        |