



# RAP Direct Order Form

## Equipment and Minor Modifications

**DO NOT SEND OR FAX ORDERS TO DVA ADDRESS FOR YOUR INFORMATION ONLY**  
**REHABILITATION APPLIANCE PROGRAM**  
 Department of Veterans' Affairs  
 GPO Box 3994, Sydney NSW 1141  
 133 254 Fax 02 9213 7978  
 Country 1800 555 254

The prescriber is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans' Entitlement Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

**All prior approval items require additional clinical justification attached**

### Prescriber Details

Prescriber's Profession  OT  RN  PT  Other \_\_\_\_\_

<i>Prescriber's Stamp (if applicable)</i>	Name	<input style="width: 100%;" type="text"/>	
	Organisation	<input style="width: 100%;" type="text"/>	
	Address	<input style="width: 100%;" type="text"/>	
	Phone	<input style="width: 50%;" type="text"/>	Prov. No. <input style="width: 50%;" type="text"/>
	Email Address	<input style="width: 100%;" type="text"/>	
	Mobile	<input style="width: 50%;" type="text"/>	Fax <input style="width: 50%;" type="text"/>
	Signature	<input style="width: 50%;" type="text"/>	Date <input style="width: 50%;" type="text"/>

### Entitled Person and Installation/Delivery Details

DVA File No.  Surname  Given Name

Address  Postcode

Phone  Date of Birth  Gender  Male  Female

Card Type  Gold  White – *Please confirm eligibility with DVA prior to ordering*

Delivery/Installation Address (if different to above)

Delivery/Installation instructions (warnings re dogs, etc)

Does the entitled person live in a Residential Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes (no installations provided by DVA)	If yes, what category of care?	<input type="checkbox"/> Low 5-8 <input type="checkbox"/> High 1-4 (contact DVA)
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### Hospital Discharge Details

*Please fill out this section where equipment is related to the entitled person's discharge from a hospital)*

Item is required for discharge

item is required longer than 30 days after discharge

Date of Discharge

**Please attach second page: either equipment or minor modifications form**  
 A copy of this form is to be retained by the Supplier for DVA auditing purposes

### DVA Equipment Prescription/Order Form

Veteran's Name

DVA File Number

Special Order Status -  Urgent

Palliative

#### Order Details

(Prescriber to complete)

RAP Schedule No.	Product Catalogue No.	Specifications and Installation Requirements (eg: height of chair or equipment settings)	Quantity

For *prior approval items*, please attach clinical justification or use DVA specified forms (see schedule)

Preferred Supplier (if item under trial): \_\_\_\_\_

#### Supplier Use Only

I certify that the above order has been dispatched (Signature)

Dispatch Date  /  /  Customer Account No  Consignment Docket Number

Prescriber notified via  Phone  Fax  Email  Other \_\_\_\_\_

#### Contracted Supplier Contact Details

FAX TO OR	ADMED	Phone 1300 888 052	Fax 1300 787 052
	PARAQUAD	Phone 1300 799 243	Fax 1300 799 253

#### DVA Use Only

DVA Approval No  RAO Signature  Date  /  /

Please use together with RAP Direct order Form (page 1)

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## DVA Minor Modifications Request Form

**Veteran's Name**

**DVA File Number**

### Non-Prior Approval Minor Modifications

RAP Code	Description	RAP Code	Description
AB03	Bed Blocks	AL14	Step Modifications (1 access) – limit \$600
AB04	Bed Boards		
AC04	Chair Platform/Blocks	AL21	Removal of Shower Screens, Rod for Shower Curtain, Wooden Wedges/Step Ramp, Light Switches and Powerpoint Relocation – limit \$600 in total
AL04	Lever Taps (maximum 3 sets)		
AL06	Non-Slip Tread – limit \$300		
AL09	Internal and/or External Rails. Limit of \$1000 in total. (maximum 2 external rails)		
AL11	Portable Ramp	AZ02	Hand-Held Shower (maximum 1)

### Summary of Minor Modifications

*(to be submitted to contractor with detailed specifications and diagrams – on separate page. Items not listed above or exceeding limits require clinical justification and prior approval)*

RAP Code	Minor Modification (please list)

*Please fax to Henry Health Care on 1300 663 461*

Builder preference (if subcontracted) \_\_\_\_\_

### Authority to Install

These items will be installed by tradespeople of behalf of, and at the cost of, the Department of Veterans' Affairs, provided the Department approves the modification. When no longer required they will remain as fixtures in the premises.

The specifications listed are not to be changed without prior consultation with the Occupational Therapist and the Department. Unapproved changes may result in the negation of DVA's responsibility for payment. DVA will not undertake work that is deemed to be maintenance, eg. Replacement of rotting joists, etc.

As Beneficiary, I agree to the recommended specifications listed and I understand that this request is merely being submitted to the Department of Veterans' Affairs and does not ensure approval. **I am aware, and agree, that my contact details may be disclosed as required to relevant tradespeople.**

**Beneficiary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As owner(s) of the premises in which the above Beneficiary resides, I hereby consent to the installation of the

above items. **Owner Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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