

## DISABILITY MODIFICATIONS APPLICATION FORM

### Section 1

TO BE COMPLETED BY APPLICANT

The information that you provide in this form will be used by Believe Housing Australia to assist you with an appropriate service. If you do not provide all the information requested, Believe Housing Australia may not be able to assist you. Believe Housing Australia may use the information you provide for statistical profiling.

*Believe Housing Australia will keep your information confidential including in relation to any compensation claim, except as required by an Act of Parliament or court order or where authorised by you.*

*You may access the information you provide by contacting us.*

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#### 1. Applicant Details

Mr / Mrs / Miss / Ms

Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

Address \_\_\_\_\_

Telephone No: \_\_\_\_\_

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#### 2. Name and date of birth of the person with the disability

Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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#### 3. Is the Person with the disability currently receiving support services from another agency? e.g. AnglicareSA, Options Coordination, Domiciliary Care, RDNS etc.

If "NO" go to question 4

Organisation \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone No: \_\_\_\_\_

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#### 4. Is the disability a result of an accident where compensation is or may be payable? e.g. workers compensation claim, motor vehicle accident, public liability claim or other form of compensation claim

Yes / No - If "YES" please specify

Insurer \_\_\_\_\_

Claim No: \_\_\_\_\_

Your Solicitor \_\_\_\_\_

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**5. What modifications are requested? Please attach a separate page if there is insufficient space**

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**6. Customer Declaration:**

**To be completed by the applicant listed in point 1 above. Where the applicant is under 16 years of age, a parent or legal guardian must also read and sign the declaration**

**Where the applicant is a person with a disability and the disability prevents him/her from signing this form, it must be signed by their legal guardian, or person legally appointed to manage their affairs (proof may be required)**

1. I give my health professional permission to provide information to Believe Housing Australia in connection with my application
2. I declare that the information in this application is true and correct and warrant that the person with the disability is aware that their personal information is being disclosed to Believe Housing Australia
3. In the case of a disability arising out of an accident where compensation is or may be payable:
  - I will disclose full details of any compensation claim or proposed claim and any compensation payable and
  - I agree to reimburse Believe Housing Australia for the cost of any modifications where compensation is received

Applicants Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardian's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT NOTE** – This application for housing modifications must be verified by a health professional. Believe Housing Australia will accept Section 2 of this form being completed and signed by a health professional as verification.

Lodgement of this form does not guarantee that Believe Housing Australia will carry out any modifications.

“A health professional means a person who is recognised in the area of access and disability issues and/or who is currently registered with their professional registration board (e.g. Occupational Therapist, Physiotherapist, Rehabilitation Specialist or General Practitioner)”

## Tenancy Services

Believe Housing Australia will not fund disability modifications unless **all** other methods of funding have been exhausted.

Please complete this section to identify which funding sources have been approached for this modification request:

- My Aged Care
- NDIS
- Local Council
- Other: \_\_\_\_\_
- Funding available \_\_\_\_\_
- No Funding Available

Tenancy Officer Name \_\_\_\_\_

Tenancy Officer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>APPROVAL FROM BELIEVE HOUSING AUSTRALIA MAINTENANCE SERVICES TO UNDERTAKE DISABILITY MODIFICATION</b>		
<b>Office Use Only</b> <b>(Housing Maintenance will return to Tenancy Officer)</b>		
APPROVED / NOT APPROVED: (circle appropriate reason)	Signature _____	Date ____/____/____
APPROVAL CONDITIONS i.e. Council approval, Certificate of Compliance _____ _____ _____ _____ _____ _____		
<b>IS AN INSPECTION REQUIRED AFTER INSTALLATION?</b>		
<input type="checkbox"/> NO <input type="checkbox"/> YES		

# VERIFICATION OF THE NEED FOR HOUSING MODIFICATIONS

## Section 2

TO BE COMPLETED BY HEALTH PROFESSIONAL

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### 7. Details of health professional

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Organisation name \_\_\_\_\_  
Telephone No: \_\_\_\_\_

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### 8. Brief description of medical condition / disability

(e.g. hearing or vision impaired, confined to wheelchair)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 9. What are the functional implications of the medical condition /disability?

Please attach a list if there is insufficient space

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 10. Is the condition likely to continue for a minimum of 6 months?

YES / NO      If 'YES' please specify period:

\_\_\_\_\_

### 11. Does the condition result in a reduction of function to the extent that ongoing support is required?

YES / NO

Health Professionals Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please forward this form to Believe Housing Australia when complete.  
Level 1/560 North East Road, Holden Hill SA 5088**

## 12. Design Grid

	1	2	3	4	5	6	7	8	9	10
1										
2										
3										
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16										

# GENERAL INFORMATION FOR APPLICANTS AND HEALTH PROFESSIONALS

**PLEASE NOTE THE FOLLOWING AND CHECK YOUR NEEDS PRIOR TO SUBMITTING THIS FORM:**

If you need more than:

- Magnetic door catch
- Hand held shower
- Door wedge
- Grab rails
- Lever taps
- Lever door furniture
- Clothes lines
- Special toilet pan
- 1200mm paving

**An assessment by an Occupational Therapist or Physiotherapist will be required.**

## EXCLUSIONS

Modifications requested that are not deemed essential by Believe Housing Australia for safe access into the property or to facilitate movement within the property WILL NOT BE PROVIDED.

The following items will not be provided under the Community Housing "Housing Modifications for Persons with a Disability".

- Additional Mirrors
- Bath (removal on raft slabs or upper floors and WUF)
- Blinds (internal and external)
- Carports/garages
- Chair lifts
- Change tables
- Clothes dryer
- Covered walkways
- Curtains
- Disability aids
- Double window glazing and/or safety window glazing
- Establishment of Gardens or Garden Maintenance
- Fixed shower seat
- Floor coverings (installation or removal)
- Installation of baths, hip baths or spa baths
- Installation of dishwashers
- Installation of shower screens
- Light switches (two way) and/or light dimmers
- Lazy susan
- Microwave ovens
- New fences and/or gates
- Pergola, vergola
- Pet doors
- Polished floors
- Pull out shelves and wire baskets
- Range hoods
- Redecorations (Note: minimal redecorations may be provided in order to complete a specific modification)
- Remote control garage doors
- Safety devices