

Minor Modifications Referral Form

To be completed by Occupational Therapists for minor modification requests.



Occupational Therapist's Name

Occupational Therapist's Organisation

Phone

Mobile

E-Mail

Title

First Name

Surname

Mr

Mrs

Miss

Ms

Preferred Name

Date Of Birth



Day Month Year

Street Address

Suburb and Postcode

Postal Address (if different from above)

Suburb and Postcode

Phone

Mobile

E-Mail

Additional Contact Person

Relationship to Client

Phone

Mobile

Consent to act on behalf of recipient

Yes

No

Diagnosis/Medical Condition

Discharge Date (if applicable)



Day Month Year

Residency Type

Private Residence (Client or Family Owned/Purchasing)

Private Rental

Public Rental

Independent Living Unit

Dwelling Details

Highset

Lowset

Owner / Landlord / Agency Name (if applicable)

Owner / Landlord / Agency Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

Funding

Commonwealth Home Support Programme (CHSP) / My Aged Care
Home Care Package (HCP) or Short Term Restorative Care Programme (STRC)
National Disability Insurance Scheme (NDIS)
Department of Veteran Affairs (DVA) - with DVA approval

Section 1 - Commonwealth Home Support Programme (CHSP)

Yes (please complete this section)

No (proceed to Section 2)

Please note to be eligible for CHSP Home Modifications funding clients need to be registered and have a My Aged Care Referral Code for Home Modifications. Please advise client to contact My Aged Care if they do not have a Home Modifications Referral Code and contact Home Assist Community Services on (07) 4123 2234 with their Code so we can assist them with CHSP funding and avoid delays.

Is the consumer registered with My Aged Care?

Aged Care User ID

Yes

No

Referral Code for Home Modifications (if available)

Pension Type

Department of Veteran Affairs

Aged Pension

No DVA Entitlement

Disability Support Pension

DVA Gold Card

Carer Payment / Pension

DVA White Card

No Government Pension or Benefit

DVA Orange Card

Pension Number

Medicare Number

Country of Birth

Language Spoken at Home

Living Arrangements

Lives alone

Couple

Group Related Adults

Group Unrelated Adults

Couple with Dependent(s)

Disability Indicator

Intellectual Learning

Psychiatric

Sensory / Speech

Physical / Diverse

No Disability

Any material costs are paid by the client, the labour is supplied at no cost to the client. Client is aware they will need to pay for material costs.

Yes

Section 2 - Home Care Package (HCP) or Short Term Restorative Care (STRC)

Yes (please complete this section)

No (proceed to Section 3)

STRC Start Date



Day Month Year

STRC End Date



Day Month Year

HCP / STRC Contact Person

HCP / STRC Organisation

Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

E-Mail Address for Quotes (if different from above)

E-Mail Address for Tax Invoices (if different from above)

Instructions for work requested

Quote not require proceed

Pre-approved amount

Quote required - a non-refundable fee of \$55.00 is payable should the requested work not proceed

Pre-approved amount up to \$

Client and Home Care Package provider are aware of this referral and the \$55.00 fee should the requested work not proceed or if referral is cancelled 24 hours after submission.

Yes

Section 3 - National Disability Insurance Scheme (NDIS)

Yes (please complete this section)

No

NDIS Number

Plan Start Date



Day Month Year

Plan Type

Self Managed

Agency Managed

Plan Managed

Plan End Date



Day Month Year

Support Coordinator Name

Support Coordinator Organisation

Phone

Mobile

E-Mail

Plan Manager Name

Plan Manger Organisation

Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

E-Mail Address for Quotes (if different from E-Mail above)

E-Mail Address for Tax Invoices (if different from E-Mail above)

All work requested and completed should comply where possible with the relevant Australian and New Zealand Standards. If this request falls outside the standards, clinical justification will be taken as priority by the referrer signing below.

Priority rating for completions of work

ASAP

Within 1 week

1-2 weeks

Non urgent

Work Requested

**Diagrams / Drawings /
Photos attached**

Yes

**All work requested has been discussed with and
has the consent of the client and/or their carer.**

Yes

Occupational Therapist's Signature

Date



Day Month Year

Additional details or advisements (if required)

Please return completed referral with diagrams / drawings and photos to:

Home Assist Community Services - 133 Adelaide Street, Maryborough QLD 4650

minormods@homeassist.org.au



(V4 © Home Assist Community Services September 2021-2023)

*** Office use only - completion details**