

## Application for Housing Modification Form



The information that you provide in this form will be used by Housing Choices South Australia to assist you with an appropriate service.

If you do not provide all the information requested, Housing Choices South Australia may not be able to assist you.

Housing Choices South Australia may use the information you provide for statistical profiling.

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

You may access the information you provide by contacting your Housing Choices South Australia Housing Officer.

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## SECTION 1 - TO BE COMPLETED BY APPLICANT

### CUSTOMER DETAILS: (Mr, Mrs, Ms, Miss)

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### ADDRESS:

NUMBER & STREET: \_\_\_\_\_

SUBURB & POSTCODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Is the person with the disability currently receiving support services from other agency?  
(e.g. Options Coordination, Domiciliary Care, RDNS etc)**

- YES       - NO

ORGANISATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Is the disability a result of 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

INSURER: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

YOUR SOLICITOR: \_\_\_\_\_

**WHAT MODIFICATIONS ARE REQUESTED?  
(Please attach a list if there is insufficient space)**

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

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## 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 a person legally appointed to manage their affairs (proof may be required)

1. I give my health professional permission to provide information to Housing Choices SA 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 Housing Choices SA
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 Housing Choices SA for the cost of any modifications where compensation is received

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**SIGNATURE** ..... **DATE** ...../...../.....

**GUARDIAN'S SIGNATURE** ..... **DATE** ...../...../.....

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**SECTION 2 - TO BE COMPLETED BY HEALTH PROFESSIONAL**

**DETAILS OF HEALTH PROFESSIONAL:**

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ORGANISATION NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**BRIEF DESCRIPTION OF MEDICAL CONDITION / DISABILITY?**  
(e.g. hearing or vision impaired, confined to wheelchair)

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

**WHAT ARE THE FUNCTIONAL IMPLICATIONS OF THE MEDICAL CONDITION / DISABILITY?**  
(Please attach a list if there is insufficient space)

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

**IS THE CONDITION LIKELY TO CONTINUE OR A MINIMUM OF 6 MONTHS?**

- NO       - YES      - IF "YES" PLEASE SPECIFY PERIOD?

\_\_\_\_\_

**DOES THE CONDITION RESULT IN A REDUCTION OF FUNCTION TO THE EXTENT THAT ONGOING SUPPORT IS REQUIRED?**

- NO       - YES

SIGNATURE .....

DATE ...../...../.....

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## 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 Housing Choices South 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 Housing Choices South Australia Policy "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
- Microwaves ovens
- New fences and/or gates
- Pergola, vergola
- Pet doors
- Polished floors
- Pull out shelves and wire baskets
- Range hoods
- Redecoration (Note: Minimal redecoration may be provided in order to complete a specific modification)
- Remote control garage doors
- Safety devices
- Security items
- Shelving / hooks
- Solar hot water
- Stable doors
- Swimming pools
- Toilet raiser