

Please read these instructions carefully to ensure the correct information is provided with your request for Housing/Disability Modifications Application, allowing Housing Choices SA to process your request promptly.

SECTION 1 is to be completed by the tenant or a household member. In this section you will be required to provide contact details of your health professional/s assisting with your request and give permission/consent to Housing Choices South Australia to contact your health professional for further detail relating to the modifications requested.

SECTION 2 To be complete by a Health Professional. Minor modifications such as grab rails will require an Occupational Therapist (OT) report – including size, location/markings out location. All Major Modifications will require an OT report.

Minor Disability Modification	Major Disability Modification
<p>We define a minor modification as one that does not require structural changes to a property. Each individual modification would usually cost \$5,000 or less (including GST and installation).</p>	<p>We define a major modification as one that requires structural changes to a property and where the cost is likely to exceed \$5,000 (including GST and installation).</p>
<p>Examples of minor modifications include:</p> <ul style="list-style-type: none"> • Handheld shower sets • Lever style taps • Grab rails <p>Housing Choices SA requires an Occupational Therapist Report (OTR) for minor modifications or in some cases a medical certificate or letter of recommendation from a healthcare provider.</p>	<p>Examples of major modifications include:</p> <ul style="list-style-type: none"> • Widening doorways • Modifying the kitchen, bathroom or laundry • Replacement of floor coverings • Providing entrance and exit ramps, and • Installing hoists <p>Housing Choices SA requires an Occupational Therapist Report (OTR) before it will consider undertaking major modifications. Housing Choices SA will work with the Occupational Therapist and the tenant and/or their advocate to make an assessment of any proposed major modifications in order to achieve the best outcome for the tenant.</p>

Housing Choices SA responsibilities

- Review modifications applications within 28 days
- Undertake minor modifications for those we have agreed to undertake
- Inspect modifications funded by the tenant on completion at the property
- If permission to undertake the modification is not granted, discuss other options with the resident including transfer to an alternative property which already meets their needs, or which can be easily modified.

Housing Choices SA cannot unreasonably withhold consent for the installation of handheld shower heads or lever style taps to assist older tenants and tenants with disability.

Assessing Modification Requests - Housing Choices SA will base its assessment of modification requests on a number of factors including:

- long term value of the property, i.e. cost of the modification in relation to the value of the property
- impact on the heritage of the property and any council requirements
- cost of alternative approaches
- availability of alternative properties already modified to meet the tenant's needs
- availability of funding, where applicable
- suitability of the property for the proposed modification
- suitability of the modification for the tenant or household member's current and future needs
- suitability of the modification for future tenants
- status of the property, i.e. is the property likely to be retained by Housing Choices SA for the long term, and
- tenant's ability to sustain a successful tenancy.

Housing Choices SA will only engage approved contractors to complete all modifications and will monitor the work to ensure they comply with legislative and regulatory requirements.

Exclusions

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

- 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 or Vergola
- Pet doors
- Polished floors
- Pull out shelves and wire baskets
- Rangehoods
- Redecoration (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

REQUEST FOR HOUSING/DISABILITY MODIFICATIONS



SECTION 1 – to be completed by the Applicant

Tenant Name _____

Property Address _____

Home Phone _____ Mobile _____

Email _____

What type of modifications are you requiring/requesting?

Is the person requiring the modification currently receiving support services from an agency?

YES NO If YES, please complete:

Name of Organisation _____

Contact Person _____

Phone Number _____

Funding the modifications – Do you have a support package with funding for the modifications you are requesting (this may be in the form of a NDIS plan or a Home Care Package, compensation)

YES NO If YES, Please provide the funding type

Is the disability or request for modification 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 complete:

Name of Insurer _____

Claim Number _____

Your solicitor _____

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

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

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

REQUEST FOR HOUSING/DISABILITY MODIFICATIONS



SECTION 2 - To be completed by a Health Professional

Name _____

Occupation _____

Organisation _____

Phone Number _____ Mobile _____

Email _____

Please describe the applicant's medical condition / disability (e.g. hearing or vision impairment, confined to wheelchair)

What functional implications does the applicant experience as a result of the medical condition / disability?

Is the applicant likely to experience these functional implications for more than six months?

YES NO If YES, please specify the time period

Does the applicant's condition result in reduced functions to an extent that ongoing support is required?

YES NO

If you are recommending grab rails, access ramp or other fixtures, please describe and provide specifications if possible. Please provide diagrams of location of aides or provide markings at site.

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