



Provider Hotline Number: 1300 550 457 - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP)
This form is to be used for requesting items through the Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

The provider 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' Entitlements 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.

Provider Details

OT RN PT LMO Other (Specify Profession)

<p>Provider Stamp (if applicable)</p>	Name	<input style="width: 95%;" type="text"/>
	Provider number	<input style="width: 60%;" type="text"/>
	Employer	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%;" type="text"/>
		POSTCODE
	Phone number	[] Fax []
	Mobile number	<input style="width: 60%;" type="text"/>
	E-mail	<input style="width: 95%;" type="text"/>

Entitled Person/Delivery Details

Surname	<input style="width: 95%;" type="text"/>
Given name(s)	<input style="width: 95%;" type="text"/>
Date of birth	<input style="width: 100px;" type="text" value=" / /"/>
DVA file number	<input style="width: 60%;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is this an additional order or a new assessment?	<input type="checkbox"/> Additional <input type="checkbox"/> New assessment
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call 1300 550 457 (as above).
Does the entitled person live in a Residential Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes - what category of care? <input type="checkbox"/> Low 5 - 8 <input type="checkbox"/> High 1 - 4 (refer to DVA)
Does the entitled person receive help under the EACH package?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please contact DVA
Delivery address	<input style="width: 95%;" type="text"/>
	POSTCODE
Entitled person's contact phone number	<input style="width: 60%;" type="text"/>
Delivery/Installation address (if different from above)	<input style="width: 95%;" type="text"/>
	POSTCODE
Delivery instructions (warning re dogs etc.)	<input style="width: 95%;" type="text"/>
	POSTCODE
Please tick which assessment applies and sign below	<input type="checkbox"/> Home <input type="checkbox"/> Product <input type="checkbox"/> Functional
I certify that the client has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.	Signature
	<input style="width: 80%; height: 20px;" type="text"/>
	Date
	<input style="width: 100px;" type="text" value=" / /"/>

