



Provider Hotline Number: **1800 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 RAP. For prior approval items, please attach clinical justification or use DVA specified forms.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

Assessing health provider details

LVC OT OP GP/LMO Other (Specify profession)

Provider Stamp (if applicable)

Name

Provider number

Employer

Address
 POSTCODE

Phone number [] **Fax** []

Mobile number

Email address

Client Delivery details

Surname

Given name(s)

Date of birth / /

DVA File number

- Card type**
- Gold – Forward the completed form to ONE of the DVA contracted suppliers listed on the last page of this form.
 - White – Please contact DVA on **1800 550 457** to check eligibility under the client's Accepted Disability(ies).

Detail the client's clinical need and medical condition for which the client requires the equipment in the box below.

Send the completed form to RAPGeneralEnquiries@dva.gov.au.

If approved, DVA will forward the order directly to the nominated supplier.

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Surname DVA File number

Client Delivery details continued...

Does the client live in a Residential Aged Care Facility (RACF)? No Yes ▶ ACFI Classification not yet assigned

ACFI Classification

Does the ACFI classification contain 1 high domain or 2 or more medium domain categories?

No Yes ▶ Refer to DVA

If the client is in a RACF, the level of care will determine eligibility of the client. Clients with high ACFI classifications are not eligible for some items as they should be supplied by the RACF. Check the [RAP Aged Care Eligibility Matrix](#).

Client's contact phone number

Alternative number

Residential address

POSTCODE

Delivery address
(if different to above)


POSTCODE

Order details *(Assessing health provider to complete)*

Please refer to [RAP National Schedule of Equipment](#).
The RAP Schedule lists quantity and financial limits that must be adhered to when prescribing aids and appliances.

RAP Schedule No.	Product catalogue No.	Name/Description of Aid	Quantity	Does this item require prior approval? (exceeds quantity or \$ limit)

For additional items please attach details

 For **prior approval items AN11 and, if exceeding financial limits, AN18, AN19 and AN20**, please attach clinical justification including functional and product assessment and quotes to this form, and send to RAPGeneralEnquiries@dva.gov.au. Note AN11's assessment can be found below. If approved, DVA will forward the order directly to the nominated supplier.

Surname DVA File number

Assessment for CCTV requests (Prior Approval required)

Is this request for AN11 (Closed Circuit Television CCTV)?

No ▶ You do not need to complete this section

Yes ▶ Does the client live in a residential aged care facility?

No Yes ▶ Please call **1800 550 457**.

Note: If the request is for a RACF resident with a higher level ACFI score, they may not be eligible for CCTV.

Client's vision-related diagnosis

Non-vision related diagnosis

Visual acuity

Unaided vision – Distance Right Left

Aided vision – Distance Right Left

Aided vision – Near (binocularly)

Field defect

Fluency of reading – Client to read a paragraph of text at N8 (newspaper size) for at least one minute to determine fluency words per minute

Functional status

Physical function, including mobility and details of any equipment used

Upper limb function

Cognitive function and competence to operate CCTV

Client's social situation

Client lives: Alone With a partner

Other (specify)

If applicable, ability of partner/carer to carry out the tasks for which the CCTV is being requested e.g. reading

Surname

DVA File number

Assessment for CCTV requests continued...

CCTV assessment results

Provide details of the alternate equipment trialled and the results

CCTV trialled and results

Accessories

Provide details of any necessary accessories required with the CCTV

CCTV Recommended

Price

Supplier

Clinical reasoning

Surname DVA File number

Supplier


If no prior approval is required, send completed form attaching clinical justification to ONE of the contracted suppliers.

- Quantum
 Royal Society for the Blind
 VisAbility
 Vision Australia

Certification

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



Date

/ /

DVA Rehabilitation Appliances Program

**Contracted Suppliers of
Low Vision Equipment**

Effective 1 September 2019

<i>Supplier</i>	<i>ATE – Adaptive Technology</i>	<i>DLA – Daily Living Aids and Appliances</i>	<i>Phone</i>	<i>FAX - General</i>	<i>Email</i>
Quantum	✓	✗	1300 883 853	(02) 9875 1646	info@quantumrlv.com.au
Royal Society for the Blind	✓	✓	1300 944 306	(08) 8232 4807	intake@rsb.org.au
VisAbility	✓	✓	1800 847 466	(08) 9361 8696	lowvisionaids@visability.com.au
Vision Australia	✓	✓	1300 365 492	1300 847 329	visionstore@visionaustralia.org

**Prescribers are reminded that the choice of contracted supplier is theirs.
However, prescribers can only prescribe low vision equipment under RAP
from a contracted supplier**

The alphabetical listing above is for administrative ease only.