

Community Housing Disability Modification Verification and Request Form



Government
of South Australia
SA Housing Authority

1. Who is the person who requires the modification?

Given name/s	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value=" / /"/>
Address	<input type="text"/>
Phone number	H: <input type="text"/> W: <input type="text"/> M: <input type="text"/>

2. Is this person currently housed in community housing, or have they registered their interest in community housing?

Currently housed	<input type="checkbox"/>	Registrant	<input type="checkbox"/>
Name of Housing Provider	<input type="text"/>		

3. Is the person who requires the modification the head of their household (eg the person whose name is on the lease, or will be on the lease)?

Yes	<input type="checkbox"/>	➔ Go to Question 4
No	<input type="checkbox"/>	➔ Please provide details of the person who is head of the household below
Given name/s	<input type="text"/>	
Surname	<input type="text"/>	
What is household head's relationship to the person requiring modifications?	<input type="text"/>	

4. Is the person who requires the modification receiving support from an agency or professional worker (e.g Regional Health Services, National Disability Insurance Agency, Commonwealth funded aged care services etc)?

Yes	<input type="checkbox"/>	➔ Please provide the agency or worker details below
No	<input type="checkbox"/>	➔ Go to Question 5
Organisation	<input type="text"/>	
Contact person	<input type="text"/>	
Phone number	H: <input type="text"/> W: <input type="text"/> M: <input type="text"/>	

Verification of need, to support the provision of modifications, must be provided by a health or disability professional. For the purposes of this form, a health or disability professional is someone who:

- Is professionally recognised in the field relating to the required modification(s) as having an appropriate level of expertise and knowledge to provide advice on the customer's need for the modification; and
- Has a knowledge of the customer's individual circumstances; and
- Is independent from the customer (ie has no potential conflicts of interest); and
- Is currently registered with a professional registration board or body appropriate to their field of expertise (if such a board or body exists).

For minor modifications under \$1000, a General Practitioner or other health/disability practitioner is able to verify the need and complete this form, however the assessment needs to be specific enough as to placement (eg of grab rails) that the tenant's house, height, weight and movement limitations are taken into account.

For major modifications over \$1000, an Occupational Therapist is required to assess the tenant in their home and provide the detailed requirements on this form (or a separate report) as per the Community Housing Disability Access and Inclusion Policy, available at www.sa.gov.au

5. Please advise if you have personally assessed the tenant's condition.

No

Yes

If yes, please indicate if this was at the customer's home or another location.

7. Details of the health/disability professional who completed the assessment and this form, if different to the details provided at section 4 above:

Name:

Phone: Email:

Profession or position:

Employer/organisation:

Signature: Date:

Please provide a brief description of the customer's condition or disability, and how this impacts on their housing requirements (attach a list if more space is needed).

6. Please provide details of the modifications needed (attach a list if more space is needed).

7. Is the disability the result of accident where compensation is, or may be payable?

Yes ➔ Please provide details below

No / don't know ➔ Go to Question 6 over the page

Insurance
company

Claim number

Solicitor details

8. Have other options for the provision and/or funding of modifications been explored (eg other agencies, NDIS, etc), if these costs would not normally be met by a landlord?

No ➔ Go to Question 9 below

Yes ➔ Please provide details of other options explored below

9. Is NDIS funding supports? Has NDIS funding been sought for the modification and declined and if so, why?

10. Is Specialist Disability Accommodation funding from NDIS available for this tenant and property, and if not why not? (eg does either the tenant or the property not qualify?)

11. What are the tenant's medium and longer term housing options? (how long will they stay in the property? If the tenant has an NDIS plan, does it say anything about alternative housing options? Is it more cost effective to move the tenant to alternative suitable accommodation near their support networks?)

9. Customer Declaration. Must be signed by the current head of the household, or a worker/advocate (if the person requiring modifications is the head of the household but can't sign due to their disability).

1. I declare that the information provided above is true and correct.
2. I give permission for information about this modification request to be provided as necessary to those parties that require it for the assessment and provision of the requested modification (e.g. community housing provider, SA Housing Authority or other contractors, etc.).
3. I understand that
 - a. If the works are minor under \$1000 I must get a health professional to complete this form
 - b. If the works are major over \$1000 I must get an Occupational Therapist to complete this form (the SA Housing Authority may pay for this assessment if no other agency is responsible eg Medicare, NDIA, health insurance or if the cost is considerable) as per the [Community Housing Disability Modifications Procedure](#), available from www.sa.gov.au
4. I understand that my community housing provider or SA Housing Authority may request additional verification from me at any point regardless of the cost of the verification.
5. I agree that if compensation payments specifically for disability modifications are received after modifications have been provided, then I will notify the community housing provider of the details of the payments received, and I will reimburse any costs that compensation has been specifically provided to pay for.

Printed name

Signature Date / /

10. Community Housing Provider Declaration. To be signed by a committee member and/or employed officer who will be the provider's liaison person for the modification.

1. I understand that if the estimated value of the job is under \$1000 and the community housing provider wishes to managed the modification work itself I am required to submit a quote from a qualified tradesperson to SA Housing Authority for assessment and approval prior to undertaking the work.

Attached are the minutes of the meeting at which the special resolution was made by a volunteer member-tenant managed community housing provider; OR evidence of prior delegations being in place by the provider enabling the decision to be made by relevant officers, which shows that the community housing provider has assessed that the person requiring modifications meets the customer eligibility criteria as per the Disability Modifications Procedure, in the full belief that the modification is essential for the customer's ongoing housing; and approved this modification request.

This property is **Debentured** Yes No

Printed name

Signature Date / /

Contact number

H:	W:	M:
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Return form to: SA Housing Authority, Industry Partnerships, GPO Box 292, ADELAIDE SA 5001

For more information see these documents on www.sa.gov.au
[Community Housing Disability Access and Inclusion Policy](#)
[Community Housing Disability Modifications Procedure](#)