Complete this form if modifications need to be made at a Housing SA property because someone who does or will live in the property has a disability.

Contact Housing SA Maintenance if you have any questions:

* phone: 131 288
* email: [housingcustomers@sa.gov.au](mailto:housingcustomers@sa.gov.au)

# Who can complete this form?

This form can be completed by either:

* a current Housing SA tenant
* a Housing SA customer who has registered their interest in public or Aboriginal housing
* a health professional who has been asked to complete this form on behalf of a client

This form needs to be signed by the person who either:

* is the Housing SA tenant
* registered their interest in public or Aboriginal housing

Don’t complete this form if another agency will pay for the modifications. Complete Tenant alterations application form instead.

# Minor modifications

Minor modifications are small modifications that can be installed without making structural changes to the property, for example grab rails, lever taps and sensor lights.

A health professional completes the Minor modifications verified by a health professional section of this form.

# Major modifications

Major modifications involve making structural changes to the property, for example installing ramps, lowering kitchen benches or removing a bath.

An occupational therapist or similarly qualified health professional assesses the property to determine what modifications need to be made. They complete the Major modifications property assessment section of this form.

# Customer details

This is the person who either:

* is the Housing SA tenant
* has registered their interest in public or Aboriginal housing

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Phone: |  | Customer no: |  |

# Other occupant’s details

Provide the details of the person who needs the modifications if it isn’t the customer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Phone: |  | Customer no: |  |

# About the person who needs the modifications

Describe your disability and how it affects the way you use your home:

|  |
| --- |
|  |
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|  |
|  |
|  |

Provide details about how your condition is likely to change over time:

|  |
| --- |
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List any aids or equipment you need or use, for example mobility scooter, walking sticks, home dialysis equipment:

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| --- |
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|  |

List what modifications are needed and where, for example grab rail in the shower and beside the toilet:

|  |
| --- |
|  |
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|  |

# Other agencies

List any agencies you receive support or funding from, for example National Disability Insurance Agency, a Commonwealth-funded aged care service.

|  |  |  |
| --- | --- | --- |
| Agency: |  | |
| Support worker: | |  |
| Phone: |  | |
| Email: |  | |

What support or funding do they provide?

|  |
| --- |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Agency: |  | |
| Support worker: | |  |
| Phone: |  | |
| Email: |  | |

What support or funding do they provide?

|  |
| --- |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Agency: |  | |
| Support worker: | |  |
| Phone: |  | |
| Email: |  | |

What support or funding do they provide?

|  |
| --- |
|  |
|  |

# Minor modifications verified by a health professional

A health professional, for example a general practitioner, completes this section if you’re applying for minor modifications.

By signing this section, they are verifying:

* your disability
* how it affects the way you use your home
* if it’s likely to change over time
* you need the minor modifications listed on this form to be made at a Housing SA property

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Occupation: | | |  | | | | |
| Organisation or clinic: | | | |  | | | |
| Phone: |  | | | | | | |
| Email: |  | | | | | | |
| Signature: | |  | | | Date: |  |

# Major modifications verified by a health professional

An occupational therapist or similarly qualified health professional completes this section if you’re applying for major modifications.

By signing this section, they are verifying:

* your disability
* how it affects the way you use your home
* if it’s likely to change over time
* you need the major modifications listed on this form or in the property assessment to be made at a Housing SA property

Attach all drawings, diagrams, measurements and dimensions of the modifications to this form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Occupation: | | |  | | | | |
| Organisation or clinic: | | | |  | | | |
| Phone: |  | | | | | | |
| Email: |  | | | | | | |
| Signature: | |  | | | Date: |  |

# Compensation payments

Complete this section if:

* your disability is the result of an accident
* compensation funds specifically for changes to accommodation are or may be payable

|  |  |  |  |
| --- | --- | --- | --- |
| Claim no: | |  | |
| Insurer or Solicitor: | | |  |
| Address: |  | | |
| Phone: |  | | |
| Email: |  | | |

The person with the disability or their legal guardian signs this section.

I agree to disclose in full the details of any compensation claim for payments specifically for changes to my accommodation needs that relate to this application for modifications.

I agree to reimburse Housing SA for the cost of these modifications if I receive a compensation payment.

I give Housing SA permission to discuss this application with the insurer or solicitor listed above, if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Signature: | |  | Date: |  |

# Customer declaration

This section is signed by the person who either:

* is the Housing SA tenant
* has registered their interest in public or Aboriginal housing

I consent to personal information I provide being disclosed to the health professionals listed on this form for the purpose of assessing my eligibility for modifications and determining what modifications are needed.

This includes any further information submitted by me or a third party in support of this application, for example an occupational therapist’s assessment of the property.

I confirm that all people named on this form are aware that their personal information is being disclosed and consent accordingly.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Signature: | |  | Date: |  |