



Authority to Install/Modify

Please attach this completed form to the request for modifications

Occupational Therapist

Available (please tick)

Mon Tue Wed Thur Fri

Name (please print)

Phone

Fax

Date

 / /

Veteran

File number

Surname

Given name(s)

Address

 POSTCODE

Phone

The following items have been clinically recommended for the Entitled Person's continued safety and independence. These items will be installed by tradespeople on behalf of, and at the cost of, the Department of Veterans' Affairs, provided the Department approves the modification.

When no longer required, they will remain as fixtures in the premises and I agree not to seek financial assistance for the restoration of the property to its former state.

The specifications listed are not to be changed without prior consultation with the Occupational Therapist and DVA.

Unauthorised changes may result in the negation of DVA's responsibility for payment. DVA will not approve work that is deemed to be maintenance, e.g. replacement of rotting joists, etc.

List all items to be installed:

1.
2.
3.

As the Entitled Person, I agree to the recommended specifications listed and I understand that this request is merely being submitted to the Department of Veterans' Affairs and does not necessarily ensure approval.

(Entitled person also to sign this section as homeowner. If the residence is listed in joint ownership, both parties to sign).

Signature 1

Date

 / /

Signature 2

Date

 / /

If the property is being rented, the owner/property manager or authorised agent must consent to the installation and provide contact details.

Name

Address

POSTCODE

Phone

Fax

Signature

Date

 / /

+oapl.
Health & Mobility Centre
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Golden Square, Vic 3555
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