

# Major (>\$2,500) Disability Modification Application

## To be completed by Tenant.

The information that you provide in this form will be used by YourPlace Housing to assist you. If you do not provide all the information requested, we may not be able to assist you. YourPlace Housing can support you or your nominated support network to complete the Major Disability Application Form.

YourPlace Housing will keep your information confidential including in relation to any compensation claim, except as required by law or were authorised by you.

You may access the information you provide by contacting us.

### Tenant Details

Name:

Address:

Telephone:

Email:

### Applicant Details

Provide the details of the person who needs the major disability modifications if it is not the tenant.

Name:

Telephone:

Email:

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## About the person who needs the major disability modifications

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

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

List any aids or equipment you need or use, for example mobility scooter, walking frame, wheelchair:

List what modifications are needed and where, for example step modification, door widening, fold down shower seat:



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Please refer to the Major disability modifications listed attached to this application form. Please identify the relevant specific modification and attach the required information, e.g., product/s specification details as described, room layout.

Please list the specific information attached with the application.

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**Other Agencies**

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

Agency:                      What support or funding they provide:

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## Disability Modification Funding

Do you have an existing funding source for this major disability modification request?

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<b>NDIS</b>	Case Manager's Name:	
	Telephone:	Email:

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<b>MyAged Care</b>	Case Manager's Name:	
	Telephone:	Email:

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<b>Lifetime Support Authority</b>	Case Manager's Name:	
	Telephone:	Email:

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<b>DVA</b>	Case Manager's Name:	
	Telephone:	Email:

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<b>State based agency</b>	Case Manager's Name:	
	Telephone:	Email:

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## Compensation Payment

### Complete this section if:

- Your disability is the result of an accident
- Compensation funds specifically for changes to accommodation are or may be payable.

Insurer or Solicitor:

Claim No:

Telephone:

Email:

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

- I agree to disclose full details of any compensation claim for payments specifically for changes to my accommodation needs that relate to this application for modifications.
- I give YourPlace Housing permission to discuss this application with the insurer or solicitor listed above, if required.

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## Major disability modifications verified by an Occupational Therapist or Physiotherapist

An occupational therapist or physiotherapist must undertake an assessment of the property and the required modification/s providing their assessment in a written report. The application cannot be assessed without the required report.

Please provide the name of the health professional that has or will be engaged to complete the assessment. If the assessment has been completed, please attach a copy of the report.

Name:

Occupation:

Organisation or Clinic:

Telephone:

Email:

## Applicant Declaration

**This section is signed by the person who either:**

- Is the applicant; or
- An appropriate person authorised to sign on behalf of the tenant.

I consent to personal information I provide being disclosed to the health professional/s 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:

\* IF YOU ARE FILLING THIS FORM OUT ELECTRONICALLY,  
PLEASE TYPE YOUR NAME AGAIN IN SIGNATURE FORM FIELD.



## Form Submission On Completion

**Please return to YourPlace Housing:**

- **Save & Send**      Email: [maintenance@yourplacehousing.com.au](mailto:maintenance@yourplacehousing.com.au)
- **Print & Post**      YourPlace Housing  
9 Byron Place  
Adelaide SA 5000

## Major Disability Modifications

Item No.	Description of Appliance	Provider Assessment	Supporting Documentation
B-01	Ceiling Hoist	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Sketch of existing floor plan of residence.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing area to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p>
B-02	Stair lift	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Sketch of existing floor plan of residence.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing area to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p>
B-03	Bidet Bidet – RPZ Valve	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>List of specifications of modifications and products requested.</p> <p>Only one request per property will be considered.</p> <p>Funding of installation costs need to be included in application.</p>
B-04	Ramp – Fixed greater than 190mm	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Plans of existing and proposed modifications.</p> <p>Photos of existing area to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p> <p>For ramps lower than 190mm height, please refer to A-02.</p>

Item No.	Description of Appliance	Provider Assessment	Supporting Documentation
B-05	Step modifications	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Plans of existing and proposed modifications.</p> <p>Photos of existing area to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p> <p>Modifications are limited to widening/increasing the depth of the step tread or reducing the height of the step to accommodate a walking aid such as a walking frame, where simpler access and mobility options are not suitable.</p>
B-06	Bathroom modification	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Sketch of existing floor plan of property.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing areas to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p> <p>YPH will only consider modifications to one bathroom in the property.</p>
B-07	Ramp – demountable	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Plans of existing and proposed modifications.</p> <p>Photos of existing area to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p>
B-08	Other room modification	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Sketch of existing floor plan of property.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing areas to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p>



Item No.	Description of Appliance	Provider Assessment	Supporting Documentation
B-09	Access Paths to property	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Widening and/or extension of an access path to accommodate the use of a wheelchair or walking aid for direct access to the property or community.</p> <p>Modifications will not be made to council owned land.</p>
B-10	Lifts/stair lifts	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Sketch of existing floor plan of property.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing areas to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p>
B-11	Major Door modification	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Door modifications requiring structural changes to doorway and may include door widening.</p> <p>Sketch of existing floor plan of property.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing areas to be modified.</p> <p>List of specifications of modifications and products requested.</p> <p>Funding of installation costs need to be included in application.</p>
B-12	Path widening	<ul style="list-style-type: none"> <li>■ OT</li> <li>■ Physio</li> </ul>	<p>Sketch of existing path of property.</p> <p>Plans of existing and proposed modifications.</p> <p>Photos of existing areas to be modified.</p> <p>List of specifications of modifications requested.</p> <p>Where a tenant's physical ability has altered to reliance on a wheelchair or walking aid, an access path may be widened and may extend to accommodate the use of this aid for direct access to the community from the existing home access point.</p>