

Minor (<\$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 Minor 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 minor disability modifications if it is not the tenant.

Name:

Telephone:

Email:

About the person who needs the minor 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 grab rail in the shower and beside the toilet:



Please refer to the Minor 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.

Please list the specific information attached with the application.

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:

Agency: What support or funding they provide:



Disability Modification Funding

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

NDIS	Case Manager's Name:	
	Telephone:	Email:

MyAged Care	Case Manager's Name:	
	Telephone:	Email:

Lifetime Support Authority	Case Manager's Name:	
	Telephone:	Email:

DVA	Case Manager's Name:	
	Telephone:	Email:

State based agency	Case Manager's Name:	
	Telephone:	Email:



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.

Minor disability modifications verified by a health professional

A health professional, for example general practitioner, medical specialist, registered nurse or allied health professional, complete this section.

By signing this section, they are verifying:

- Your disability
- How it affects the way you use your home
- If it is likely to change over time
- You need the minor disability modifications listed on this form to be made at a YourPlace Housing property

Name:

Occupation:

Organisation or Clinic:

Telephone:

Email:



Applicant Declaration

This section is signed by the person who either:

- Is the YPH tenant; or
- Has registered their interest in YPH housing

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 a health professional/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
- **Print & Post** YourPlace Housing
9 Byron Place
Adelaide SA 5000

Minor Disability Modifications

Item No.	Description of Appliance	Provider Assessment	Supporting Documentation
A-01	Monitored Personal Response Systems	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p> <p>Monitored PRS are devices which involve installation and monitored by an emergency alarms service.</p>
A-02	Ramp – Fixed less than 190mm and portable ramp	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p>
A-03	Doorbell with Signal Light (Hearing impaired appliance)	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p>
A-04	Smoke alarm package for the Hearing impaired	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>The smoke alarm package for the hearing impaired includes a photoelectric smoke alarm, a vibration pad and flashing light.</p> <p>List of specifications of product requested.</p> <p>Funding of installation costs for a Smoke Alarm Package needs to be included in application.</p>
A-05	Lever tap	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p> <p>Funding of installation costs for a lever tap needs to be included in application.</p>
A-06	Fixed non-slip surfacing	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p> <p>Non-slip surfacing may be required for wet areas, such as showers, bathrooms, external stairs, and ramps.</p>

Item No.	Description of Appliance	Provider Assessment	Supporting Documentation
A-07	Rails	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>Includes internal and external grab rails and handrails to access points of property.</p> <p>List of specifications of product requested.</p> <p>Funding of installation costs need to be included in application.</p> <p>Rails for verandas and balustrades should be referred to as major disability modifications to ensure any building code requirements are met.</p>
A-08	Shower – hand-held	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p> <p>Funding of installation costs for shower – hand-held needs to be also included in application.</p>
A-09	Lighting – sensor light	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>List of specifications of product requested.</p> <p>Funding of installation costs need to be included in application.</p>
A-10	Non major modification – door	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>Door modifications may include door reversal or installation of lift of hinges and relocation of door handles.</p> <p>Funding of installation costs need to be included in application.</p>
A-11	Stove isolation switch	<ul style="list-style-type: none"> ■ OT ■ Physio 	<p>Funding of installation costs need to be included in application.</p>
A-12	Non major modification – shower	<ul style="list-style-type: none"> ■ GP ■ Medical Specialist ■ RN ■ Allied Health 	<p>Shower modifications may include rod for shower curtains and shower base platform.</p> <p>General home maintenance such re-grouting is not included, refer tenant to Asset Maintenance Procedure.</p> <p>Funding of installation costs need to be included in application.</p>
A-13	Shower seat – fold down	<ul style="list-style-type: none"> ■ OT ■ Physio 	<p>List of specifications of products requested.</p> <p>Funding of installation costs need to be also included in application.</p>