

Important

- Please complete ALL sections
- Before your client can access any government-funded aged care services, they must first be registered with My Aged Care.
- This form is for use by occupational therapists when assessing if home modifications are required to maximise a person's safety and/or independence in their own home.
- Where this request is being provided as part of a CHSP Allied Health service please upload this form under other attachments in the My Aged Care Provider Portal to facilitate the provision of service.
- Indigo (formerly Independent Living Centre WA) is the provider of CHSP home modifications service to customers located in the following WA regions:
 - ✓ Great Southern ✓ Goldfields ✓ Mid West ✓ Pilbara ✓ Kimberley
- Please contact My Aged Care on 1800 200 422 to find providers outside of these regions.

Customer Details

Name:		Phone Number:		DOB:	
Home Address:		Suburb/Town:		Postcode:	
Postal Address: (if different to above)		Suburb/Town:		Postcode:	
Email for correspondence:		Email to the ATTN of: (if not Customer)			

Customer My Aged Care Registration

Indigo cannot progress this request until a referral from My Aged Care for Home Modifications services has been received.

My Aged Care ID:

Home Modifications referral retrieval code:

Health Professional Details

Name:		Organisation:	
Type:	OT	PT	Other,
Phone Number:		Email:	



Home Assessment Details

Date of Visit:	
Persons Present:	

Customer Profile

<p>1. Health Condition or Disability Specific Information <i>List medical condition/disability.</i></p>
<p>2. Level of Mobility <i>List primary method of mobility, ability to use ramps, steps/balance etc. to be</i></p>
<p>3. Functional Difficulties related to the requested home modifications <i>Brief information related to the person and home modification (e.g. unable to safely transfer in/out shower without a grab rail).</i></p>
<p>4. Use of Assistive Technology <i>AT currently in use, and considerations for requested home modification (e.g. bariatric wheelchair, hoist, width, length, height - will modifications accommodate the existing equipment used?)</i></p>

Property

<p><i>Include details of present housing situation to establish the need of the modification and suitability of the property. Only complete for specified area/s applicable to this request.</i></p>
<p>1. External Access <i>Paths/driveways, stairs, sloping block, gravel and unfinished surfaces</i></p>
<p>2. Internal Access <i>Floor levels, corridor and door widths.</i></p>
<p>3. Bathroom/Toilet <i>Type of facility (e.g. shower over bath, separate shower and bath facilities, height of hob or bath, type of flooring, existing modification etc.)</i></p>
<p>4. Kitchen <i>General layout information (e.g. large kitchen used for dining as well, list any problems being experienced in this area).</i></p>
<p>5. Laundry <i>Location of laundry, are there any paths to</i></p>



Home Modification Recommendations

*Outline recommended item/s (quantity, description) and rationale (including where other equipment options have been considered and trialled. **Please attach photos detailing measurements and location.***

	Item	Rationale
1.		
2.		
3.		
4.		

Note: Where modifications and items are not in accordance with the relevant Australian Standards and the Building Code, please outline reasons why:

Additional Information

Have you included photos and/or quotes* to support this request?

- Please the number of pages attached.

Yes	No
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Note: If total cost of home modifications is more than \$1,500, more than one quote should be sought (where possible).

<insert here>

No. of pages:

Any other comments? (e.g. Recommended supplier/installer)

Note: If significant changes are required to what is detailed on this request form, new signed drawings/photos that indicate final requirements must be submitted prior to work commencing.



Submission Checklist

For faster review and more efficient outcomes for your client, please confirm:

All relevant sections of this request have been completed.

Photographs of areas of the property/home requiring modifications have been included.

Quote/s from relevant builders and fabricators have been included.

The Customer has given consent for this request to be made and all sections of the Terms of Service have been acknowledged and signed.

A referral or a support plan review (SPR) request to My Aged Care for Home Modification services has been initiated or is already in place. Health professionals can make a referral with My Aged Care via their website, <https://www.myagedcare.gov.au/make-a-referral-or-existing-service-providers>

- **Before your client can access any government-funded aged care services, they must be registered with My Aged Care.**
- ◆ **Indigo cannot progress this request until a referral from My Aged Care for Home Modifications services has been received.**
- **If your request is incomplete, Indigo will contact you to confirm the information provided.**

ALL sections are to be acknowledged and signed by relevant parties.



Section A: Customer

Please read this information carefully, fill in the applicable boxes and sign below.
If the customer is unable to sign this form due to physical or cognitive decline, an appropriate third party may authorise this section on their behalf.

Collection & Privacy Statement

We collect your information for the primary purpose of providing Indigo services to enable you greater independence and inclusion through allied health and assistive technology solutions. With your consent, your details will be added to our client management system and will only be accessed for the purpose for which they were collected and by those involved in providing your service. You may choose someone to liaise with us about your services on your behalf by providing us with their contact details. We will only share your information with our suppliers, funders, health practitioners or other relevant providers as part of providing that service. You can withdraw or amend your consent at any time and can request to access and seek correction to the information which Indigo holds about you.

Fees

The Commonwealth Government subsidises aged care services, however customers are also expected to contribute to the cost of their services where they have the capacity to do so. Customers will be informed of their contribution amount at the time the service is arranged, or as soon as a quote is calculated and available. Contributions must be paid upfront before home modification works can commence. Capacity is assessed on a 1:1 basis in exceptional circumstances. Please contact us directly should you need to discuss your fees further.

Eligibility

You must first be registered with My Aged Care to access Government funded aged care services. Indigo cannot progress this request until a referral from My Aged Care for CHSP Home Modifications services has been received.

For further information, you may access our [Privacy Policy](#) and CHSP Customer Contribution Policy on the Indigo website or by contacting our Intake team.

Declaration

Do you give consent to us recording your information? Yes No

Do you consent for us to liaise with someone else on your behalf? Yes No

If so, please state their details below:

Full Name: Relationship to you: Phone Number:

I understand that I can withdraw my consent at any time, however understand that this could impact my service delivery.

I have been involved in the prescription of these modifications and to the best of my knowledge agree that they will meet my needs.

I understand that where possible I will contribute financially to the cost of home modifications. This amount will be confirmed by Indigo prior to work commencing.

Customer name: _____ **Date:** _____ **Signed:** _____



Third Party Authority on behalf of Customer (only complete if relevant)

Reason for customer incapacity or inability to sign:

[Light blue shaded area for text entry]

Consent given by authorised representative
 Name of authorised representative:

Relationship to customer:

OR

Informed consent or agreement obtained by
 Name of health professional:

via (method of collection):
e.g. video call, in person

and customer answered "yes" or "no" to above questions by:
e.g. nodding or shaking head, saying yes or no

Signed: _____ **Date:** _____ **Contact number:** _____

Section B: Property Owner (may or may not also be customer)

Customer is the home owner OR Customer is not the home owner

Note: *Indigo Home Modifications will not proceed where another entity holds responsibility for changes to the home or similar support is provided through other programs e.g. Department of Veteran Affairs or WA Housing Authority.*

As the owner of this dwelling, I understand and give permission for installation of the proposed modifications.
I understand that once installed, home modifications become the property of the home owner and all ongoing repairs and maintenance are the sole responsibility of the property owner.
Once installed, I understand ILC will not fund the removal of home modifications nor be responsible for restoring the property to its previous state.

Owner name: _____ **Date:** _____ **Signed:** _____

Section C: Prescribing Practitioner

I agree to complete follow up once home modifications are installed to determine if work has been satisfactorily completed.

Therapist name: _____ **Date:** _____ **Signed:** _____