



Provider Hotline Number: 1300 550 457 (metro) 1800 550 457 (country) - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

Supplier choice: Aidacare Allianz Global Assistance (Mondial) Country Care Group BrightSky (formerly ParaQuad)

Provider Details

OT RN PT LMO Other (Specify Profession)

Provider Stamp <i>(if applicable)</i>	Name	<input type="text"/>
	Provider number	<input type="text"/>
	Employer	<input type="text"/>
	Address	<input type="text"/>
		POSTCODE
	Phone number	[<input type="text"/>] <input type="text"/> Fax [<input type="text"/>] <input type="text"/>
	Mobile number	<input type="text"/>
	E-mail	<input type="text"/>

Entitled Person/Delivery Details

Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
DVA file number	<input type="text"/>
Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call 1300 550 457 (as above).
Does the entitled person live in a Residential Aged Care Facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes - ACFI Classification not yet assigned <input type="checkbox"/> ACFI Classification <input type="text"/> Does the ACFI classification contain one high domain or two or more medium domain categories? <input type="checkbox"/> No <input type="checkbox"/> Yes (Refer to DVA)
Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?	<input type="checkbox"/> No <input type="checkbox"/> Yes - please contact DVA
Entitled person's contact phone number	<input type="text"/> [<input type="text"/>] <input type="text"/> Alternative contact No. <input type="text"/> [<input type="text"/>] <input type="text"/>
Residential address	<input type="text"/>
	POSTCODE
Delivery address (if different to above)	<input type="text"/>
	POSTCODE

Surname

DVA File number

Hospital Discharge Details (Please fill out this section where equipment is related to the entitled person's discharge from hospital)

Item is required for discharge

Item is a fixture

Date of discharge /

Order Details (Provider to complete)

Please refer to RAP Schedule of Equipment

[\(click here to see RAP Schedule\)](#)

The RAP Schedule lists recommended quantity limits that should be considered, in conjunction with RAP Business Rule 13, when prescribing equipment.

RAP Schedule No.	Product Catalogue No.	Size	Type	Specifications	Quantity

 For **prior approval items**, please attach clinical justification or use DVA specified forms ([see RAP Schedule](#))

I certify that the client has been clinically assessed and that the RAP National Schedule of Equipment and RAP National Guidelines have been taken into account.

Signature

Date

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