



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

This form is to be used for requesting items through the RAP. For prior approval items and White Card holders, please attach clinical justification or use Department of Veterans' Affairs (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 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.

Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.

RAP and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

Supplier choice Aidacare Allianz Global Assistance BrightSky Country Care Group

Provider Details

OT RN Physio GP/LMO Other (Specify profession)

Provider Stamp (if applicable)	Name	<input type="text"/>
	Provider number (Registered Nurse use AHPRA number)	<input type="text"/>
	Employer	<input type="text"/>
	Address	<input type="text"/>
		POSTCODE
	Phone number	[<input type="text"/>] [<input type="text"/>]
	Mobile number	<input type="text"/>
Email address	<input type="text"/>	

Client 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 on 1800 550 457 or RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Disability(ies).		

Does the client live in a Residential Aged Care Facility? No Yes ▶ Please refer to the RAP in Residential Aged Care List to determine items available to residents of aged care facilities. The list is available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care>

Restora Healthcare Pty Ltd
Ph: 03 9555 4949

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.
In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.

Surname DVA File number

Client Delivery Details continued...

Has the client received aids, equipment and/or modifications from NDIS, Home Care Package or CHSP?

No
Yes **▶** NDIS Home Care Package CHSP

What aids, equipment and/or modifications have they received?

Client's contact phone number

Alternate contact number

Residential address

 POSTCODE

Delivery address
(if different to above)

 POSTCODE

Hospital Discharge Details

(Please fill out this section where equipment is related to the client's discharge from hospital)

Item is required for discharge

Date of discharge

 / /

Prescription Details *(Provider to complete)*

Please refer to the RAP National Schedule of Equipment available at

<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule>

The RAP Schedule lists prior approval requirements and recommended quantity limits that should be considered in

conjunction with the RAP National Guidelines for the provision of RAP items. The RAP National Guidelines are available at

<https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines>

RAP Item No.	Supplier's Product Catalogue No.	Specifications	Quantity



For **prior approval items**, please attach clinical justification or use DVA specified forms (see RAP Schedule available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule>)


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Surname

DVA File number

Prescription Details continued...

For White Card holders and/or prior approval items, please outline the specific clinical conditions that necessitate the supply of the item, the functional issue and how the prescribed items will address this issue. Please attach additional justification or DVA specific forms if required.

 For all **home installations/modifications**, please attach a completed Authority to Install/Modify form (D1323) available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms>

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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**Please send completed form to:
RESTORA HEALTHCARE PTY LTD
Ph: 03 9555 4949
Fax: 03 9923 6260
Email: info@restora.com.au**