

# Housing Modifications Application Form



Government of South Australia  
Department for Communities  
and Social Inclusion

## Housing SA

Housing SA means any of the following organisations that are providing services to you - Housing SA, South Australian Housing Trust, and the South Australian Aboriginal Housing Authority.

### Section 1 TO BE COMPLETED BY APPLICANT

(Please read the general information on the back of this form before proceeding)

The information that you provide in this form will be used by Housing SA to assist you with an appropriate service. If you do not provide all the information requested, Housing SA may not be able to assist you. Housing SA may use the information you provide for statistical profiling.

Housing SA will keep your information confidential, including in relation to any compensation claim, except as required by Act of Parliament or court order or where authorised by you.

You may access the information you provide by contacting any Housing SA Office.

<p><b>1 Applicant details</b> Applicant can be a person applying for Trust housing or a current tenant</p>	<p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Surname <input type="text"/></p> <p>Given name(s) <input type="text"/></p> <p>Address <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postcode <input type="text"/></p> <p>Telephone no: <input type="text"/></p> <p>Customer no: <input type="text"/></p>
<p><b>2 Name and date of birth of the person with the disability</b></p>	<p>Surname <input type="text"/></p> <p>Given name(s) <input type="text"/></p> <p>Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p><b>3 Is the Person with the disability currently receiving support services from another agency?</b> e.g. Options Coordination, Domiciliary Care, RDNS etc</p>	<p>YES/NO <input type="checkbox"/> If "no" go to question 4</p> <p>Organisation <input type="text"/></p> <p>Contact person <input type="text"/></p> <p>Telephone no: <input type="text"/></p>



# APPLICATION FOR HOUSING MODIFICATIONS FORM

## Section 1 TO BE COMPLETED BY APPLICANT

**4 Is the disability a result of an accident where compensation is or may be payable?**

e.g. Workers compensation claim, motor vehicle accident, public liability claim or other form of compensation claim

YES/NO

If "YES" please specify:

Insurer

Claim No:

Your solicitor



**5 Address of the Housing Trust property to be modified (if known)**

If the same as the applicant's address, please write "as above"

Address



Postcode

**6 What modifications are requested?**

Please attach a list if there is insufficient space


**7 Declaration**

To be completed by the applicant listed in point 1 above. Where the applicant is under 16 years of age, a parent or legal guardian must also read and sign the declaration

Where the applicant is a person with a disability and the disability prevents him/her from signing this form, it must be signed by their legal guardian, or a person legally appointed to manage their affairs (proof may be required)

- 1 I give my health professional permission to provide information to Housing SA in connection with my application
- 2 I declare that the information in this application is true and correct, and warrant that the person with the disability is aware that their personal information is being disclosed to Housing SA
- 3 In the case of a disability arising out of an accident where compensation is or may be payable:
  - I will disclose full details of any compensation claim or proposed claim and any compensation payable, and
  - I agree to reimburse Housing SA for the cost of any modifications where compensation is received

Applicant's signature

Date / /

Guardian's signature

Date / /

**IMPORTANT NOTE - This application for housing modifications must be verified by a health professional\*. Housing SA will accept written verification in the form of EITHER:**

- Section 2 of this form completed and signed by a health professional OR
- A Letter from the health professional specifying the nature and likely duration of the disability and condition and type of modifications required

Acceptance of this form does not guarantee that Housing SA will carry out any modifications

\*A health professional means a person who is recognised in the area of access and disability issues and/or who is currently registered with their professional registration board (eg Occupational Therapist, Physiotherapist, Rehabilitation Specialist or General Practitioner)



## VERIFICATION OF THE NEED FOR HOUSING MODIFICATIONS

### Section 2 TO BE COMPLETED BY HEALTH PROFESSIONAL (Please read the general information on the back of this form before proceeding)

<p><b>8 Details of health professional</b></p>	<p>Name <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Organisation name <input type="text"/></p> <p>Telephone no: <input type="text"/></p>
<p><b>9 Brief description of medical condition / disability</b> (e.g. hearing or vision impaired, confined to wheelchair)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>10 What are the functional implications of the medical condition/disability?</b> Please attach a list if there is insufficient space</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>11 Is the condition likely to continue for a minimum of 6 months?</b></p>	<p>YES/NO <input type="checkbox"/>      If "YES" please specify period:</p> <p><input type="text"/></p>
<p><b>12 Does the condition result in a reduction of function to the extent that ongoing support is required?</b></p>	<p>YES/NO <input type="checkbox"/></p>
<p><b>Signature</b></p>	<p><input type="text"/> Signature <input type="text"/> Date / /</p> <p>Please forward this form to your local Housing SA office when complete.</p>



## GENERAL INFORMATION FOR APPLICANTS AND HEALTH PROFESSIONALS

### PLEASE NOTE THE FOLLOWING AND CHECK YOUR NEEDS PRIOR TO SUBMITTING THIS FORM.

If you need more than:

- Magnetic door catch
- Hand held shower
- Door wedge
- Grab rails
- Lever taps
- Lever door furniture
- Clothes lines
- Special toilet pan
- 1200mm paving

**An assessment by an Occupational Therapist or  
Physiotherapist will be required.**

### EXCLUSIONS

**Modifications requested that are not deemed essential  
by Housing SA for safe access into the property or to  
facilitate movement within the property WILL NOT BE  
PROVIDED.**

The following items will not be provided under the Housing  
SA Policy "Housing Modifications for  
Persons with a Disability":

- Additional Mirrors
- Bath (removal on raft slabs or upper floors and WUF)
- Blinds (internal and external)
- Carports / garages
- Chair lifts
- Change tables
- Clothes dryer
- Covered walkways
- Curtains
- Disability aids
- Double window glazing and/or safety window glazing
- Establishment of Gardens or Garden Maintenance
- Fixed shower seat
- Floor coverings (installation or removal)
- Installation of baths, hip baths or spa baths
- Installation of dishwashers
- Installation of shower screens
- Light switches (two way) and/or light dimmers
- Lazy susan
- Microwaves ovens
- New fences and/or gates
- Pergola, vergola
- Pet doors
- Polished floors
- Pull out shelves and wire baskets
- Range hoods
- Redecoration (Note: Minimal redecoration may be  
provided in order to complete a specific modification)
- Remote control garage doors
- Safety devices
- Security items
- Shelving / hooks
- Solar hot water
- Stable doors
- Swimming pools
- Toilet raiser