



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 Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

Privacy notice

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

RAP and NDIS - Aids and appliances can be provided by both DVA, through the Rehabilitation Appliances Program or by the NDIS, through an individual care plan, as long as the same aid/appliance is not provided by both NDIS and DVA.

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

Provider Details

OT RN PT GP Other (Specify Profession)

Provider Stamp (if applicable)	Name	<input type="text"/>
	Provider number <i>(Registered Nurse use AHPRA number)</i>	<input type="text"/>
	Employer	<input type="text"/>
	Address	<input type="text"/>
		POSTCODE <input type="text"/>
	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 1800 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 <input type="text"/>
Delivery address (if different to above)	<input type="text"/>
	POSTCODE <input type="text"/>

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

/

DVA Rehabilitation Appliances Program

**Contracted Suppliers of
Mobility & Functional Support (MFS) Equipment**

Effective 1 July 2014

<i>Supplier</i>	<i>Phone</i>	<i>FAX - General</i>
Aidacare	1300 888 052	1300 787 052
Allianz Global Assistance (formerly Mondial)	1800 857 715	1800 653 556
The Country Care Group	1800 727 382	1800 329 382
BrightSky (formerly ParaQuad)	1300 799 243	1300 799 253

Prescribers are reminded that the choice of supplier is theirs.

The alphabetical listing above is for administrative ease only.

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