



This form is to be used for non-prior approval items. Another set of forms is to be used for prior approval items.

The prescriber is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver RAP mobility functional support products, for determining and/or providing benefits under the *Veterans' Entitlements Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

Prescriber Details

	Profession	<input style="width: 95%;" type="text"/>
	Provider number	<input style="width: 80%;" type="text"/>
<p align="center">Prescriber Stamp <i>(if applicable)</i></p>	Name	<input style="width: 95%;" type="text"/>
	Employer	<input style="width: 95%;" type="text"/>
	Date	<input style="width: 60%; text-align: center;" type="text" value=" / /"/>
	Phone number	<input style="width: 60%; text-align: center;" type="text" value="()"/>
	Signed	<input style="width: 90%; height: 20px;" type="text"/>

Entitled Person/Delivery Details

	Surname	<input style="width: 95%;" type="text"/>
	Given name(s)	<input style="width: 95%;" type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Phone number	<input style="width: 60%; text-align: center;" type="text" value="()"/>
	Customer account number <i>(Supplier Use Only)</i>	<input style="width: 60%;" type="text"/>
	DVA File number	<input style="width: 50%;" type="text"/>
	Residential postcode	<input style="width: 30%;" type="text"/>
	Card type	<input type="checkbox"/> Gold <input type="checkbox"/> White - confirmed eligibility with DVA
	Delivery address	<input style="width: 95%; height: 20px;" type="text"/>
		POSTCODE
	Delivery instructions (warning re dogs etc.)	<input style="width: 95%; height: 20px;" type="text"/>
	Prior Approval Number (Only required in specific circumstances i.e. exceed supply limits)	<input style="width: 50%;" type="text"/>
	Does the entitled person live in a Residential Care Facility? <i>(Please refer to the RAP schedule Business Rule 5)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes - what category of care? <input type="checkbox"/> High 1 - 4 <i>(refer to DVA)</i> <i>(refer to DVA State office for prior approval)</i> <input type="checkbox"/> Low 5 - 8
	Is this an additional order or a new assessment?	<input type="checkbox"/> Additional <input type="checkbox"/> New assessment
	Home owner?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Surname

File number

Order (Prescriber to complete)

Please refer to RAP Schedule - website: www.dva.gov.au

DVA Schedule No. Catalogue No. Description of RAP Mobility Functional Support Products (e.g. Brand, Size etc.) Quantity

<i>DVA Schedule No.</i>	<i>Catalogue No.</i>	<i>Description of RAP Mobility Functional Support Products (e.g. Brand, Size etc.)</i>	<i>Quantity</i>

Assessment

What is the clinical need for the item(s)

Public Hospital In-Patient Details (Please fill out this section where patient has been discharged from a public hospital)

Date of admission / /

Date of discharge / /

Reason for admission

Reason for supply of item (please tick)

- Item is a fixture
- Item is not required for safe discharge
- Item is required longer than 30 days after discharge

Installations Only

Please detail all installations attached diagrams

Please ensure any additional documentation contains item number, veteran's name and file number.

Office Use Only (The supplier is to provide the form to DVA)

Signature of delegate

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Title

Thank you for completing this form

If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form Include:

- the time actually spent reading the instructions, working on the questions and obtaining the information
- the time spent by all employees in collecting and providing this information.

	Hours		Mins
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