Do not submit any request paperwork until you can answer “yes” to all of the questions below

|  |  |
| --- | --- |
| Is the modification requested an on the home modification in-scope list?If no, have all in scope modifications been considered with client and found not to be an appropriate alternative?Note: *Modifications that are not in-scope will not be supplied by the DHS equipment program*. If there are exceptional circumstances, discuss these with a delegate within DES | Y / NY / N |
| Does the requested modification meet the *Key Approval Criteria for Home Modifications?*  | Y / N |
| Does the requested modification meet the *Specific* *Eligibility Criteria\*\* and or Major Modification Criteria\*\*\** for the requested type of modification \* *Please provide detail in Delegate Approval Request Form - Home Modifications.* (for Cat 2 modifications) | Y / N / NA |
| Has the client received the Terms and Conditions of Installation of Home Modification, AND has the client/home owner signed the Home Modification Request and Agreement Form? | Y / N |
| Have you completed all information on Initial Home Modification Prescription Agreement Form  | Y / N |
| Have you attached a home visit or assessment report?  | Y / N |
| Have you attached all additional specification forms & required diagrams? | Y / N |

\* Delegate Approval Request Form - Home Modifications is required to approve complex (Cat 2) mods.

\*\*Specific Eligibility Criteria (see the in-scope list).

\*\*\* Major modification criteria (see in-scope list)

Once prescription is complete:

All requests to be forwarded to Domiciliary Equipment Service (DES) for consideration via des.frontdesk@sa.gov.au

If the request for the home modification is approved, if funding is not available, the client will be sent a letter advising them that they are awaiting resources. If request for the home modification is not approved, the client will be sent a letter stating that they are not eligible for the modification. As the assessor, you will be advised of the outcome.