Australian Government
Department of Veterans' Affairs

Direct Order Form

RAP Mobility & Functional Support Products

Provider Hotline Number: 1300 550 457 (metro) 1800 550 457 (country) - 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.

The provider 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 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.

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

Provider Details

☐ OT ☐ RN ☐ PT ☐ LMO ☐ Other (Specify Profession) ____________

Provider Stamp *(if applicable)*

Name ____________

Provider number ____________

Employer ____________

Address ____________ POSTCODE

Phone number [ ] ____________ Fax [ ] ____________

Mobile number ____________

E-mail ____________

Entitled Person/Delivery Details

Surname ____________

Given name(s) ____________

Date of birth / /

DVA file number ____________

Gender ☐ Male ☐ Female

Card type ☐ Gold ☐ White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call **1300 550 457** (as above).

Does the entitled person live in a Residential Aged Care Facility? ☐ No ☐ Yes - ACFI Classification not yet assigned ☐

ACFI Classification ____________

Does the ACFI classification contain one high domain or two or more medium domain categories?

☐ No ☐ Yes (Refer to DVA)

Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)? ☐ No ☐ Yes - please contact DVA

Entitled person's contact phone number [ ] ____________ Alternative contact No. [ ] ____________

Residential address ____________ POSTCODE

Delivery address (if different to above) ____________ POSTCODE

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 *(Prescriber to complete)*

Please refer to RAP Schedule of Equipment
www.dva.gov.au/service providers/rap/Documents/RAPNatScheduleEquipment151110new.pdf
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 / /