



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 RAP. For prior approval items and White Card holders, please attach clinical justification.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.

No duplication of government funded services

It is the responsibility of the requesting health provider to check the client is not accessing the same service/aid/appliance or home modification through more than one government service e.g. National Disability Insurance Scheme (NDIS) and Rehabilitation Appliances Program (RAP).

Assessing health provider details

LVC OT OP GP/LMO Other (Specify profession)

Provider Stamp <i>(if applicable)</i>	Name	<input type="text"/>
	Provider number	<input type="text"/>
	Employer	<input type="text"/>
	Address	<input type="text"/>
		POSTCODE
	Phone number	[<input type="text"/>] <input type="text"/>
	Fax	[<input type="text"/>] <input type="text"/>
	Mobile number	<input type="text"/>
Email address	<input type="text"/>	

Client Delivery details

Surname

Given name(s)

Date of birth

DVA File number

- Card type**
- Gold – Forward the completed form to ONE of the DVA contracted suppliers listed on the last page of this form.
 - White – Please contact DVA on **1800 550 457** to check eligibility under the client's Accepted Condition(s).

Detail the client's clinical need and medical condition for which the client requires the equipment in the box below.

Send the completed form to RAPGeneralEnquiries@dva.gov.au.
 If approved, DVA will forward the order directly to the nominated supplier.

Client Delivery details continued...

Does the client live in a Residential Aged Care Facility (RACF)? No
 Yes

▶ Please refer to the RAP in Residential Aged Care List to determine items available to residents of aged care facilities. The list is available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care>

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.

Client's contact phone number [] Alternative number []

Residential address
 []
 [] POSTCODE

Delivery address
 (if different to above)
 []
 [] POSTCODE


Order details (Assessing health provider to complete)

Please refer to the RAP National Schedule of Equipment available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule>

The RAP Schedule lists quantity and financial limits that must be adhered to when prescribing aids and appliances.

RAP Schedule item No.	Supplier's product catalogue No.	Name/Description of Aid/Service	Quantity	Does this item require prior approval? (exceeds quantity or \$ limit)

For additional items please attach details

 For **prior approval item AN11 and, if exceeding financial/supply limits, AN18 and AN20**, please attach clinical justification including functional and product assessment and quotes to this form, and send to RAPGeneralEnquiries@dva.gov.au. Note AN11's assessment can be found below. If approved, DVA will forward the order directly to the nominated supplier.

Assessment for Electronic & Wearable Magnifier requests *(Prior Approval required)*

**Is this request for AN11
(Electronic & Wearable
Magnifier)?**

No ▶ You do not need to complete this section

Yes ▶ Does the client live in a residential aged care facility?

No

Yes ▶ Residential Aged Care Facilities are funded to provide Electronic & Wearable Magnifier for clients with a clinical need.

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

In exceptional circumstances DVA may consider on a case-by-case basis requests for items not on the list. Please provide adequate justification with this request.

Client's vision-related diagnosis

Non-vision related diagnosis

Visual acuity

Unaided vision - Distance

Right

Left

Aided vision - Distance

Right

Left

Aided vision - Near (binocularly)

Field defect

Fluency of reading - Client to read a paragraph of text at N8 (newspaper size) for at least one minute to determine fluency

words per minute

Functional status

Physical function, including mobility and details of any equipment used

Upper limb function

Cognitive function and competence to operate Electronic & Wearable Magnifier

Client's social situation

Client lives: Alone With a partner

Other (specify)

If applicable, ability of partner/carer to carry out the tasks for which the Electronic & Wearable Magnifier is being requested e.g. reading

Electronic & Wearable Magnifier assessment results

Provide details of the alternate equipment trialled and the results

Electronic & Wearable Magnifier trialled and results

Accessories

Provide details of any necessary accessories required with the Electronic & Wearable Magnifier

Electronic & Wearable Magnifier Recommended

Price

Supplier

Clinical reasoning

Supplier

If no prior approval is required, send completed form attaching clinical justification to ONE of the contracted suppliers.

Quantum

See Differently with the Royal Society for the Blind

VisAbility

Vision Australia

Certification

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


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Date

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DVA Rehabilitation Appliances Program

Contracted Suppliers of Low Vision Equipment

Effective 1 September 2024

<i>Supplier</i>	<i>Phone</i>	<i>FAX - General</i>	<i>Email</i>
Quantum	1300 883 853	(02) 9875 1646	info@quantumrlv.com.au
See Differently with the Royal Society for the Blind	1300 944 306	(08) 7223 2058	contact@seedifferently.org.au
VisAbility	1800 847 466	(08) 9361 8696	lowvisionaids@visability.com.au
Vision Australia	1300 365 492	1300 847 329	visionstore@visionaustralia.org

**Prescribers are reminded that the choice of contracted supplier is theirs.
However, prescribers can only prescribe low vision equipment under RAP
from a contracted supplier**

The alphabetical listing above is for administrative ease only.