



For queries contact the DVA Health Provider Line: 1800 550 457 - Option 1

Privacy - 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.

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

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) - Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

1. **Client name**

2. **Date of birth**

3. **DVA file number**

4. **Card type** Gold White - please contact DVA on **1800 550 457** or **RAPGeneralEnquiries@dva.gov.au** to check eligibility under the client's Accepted Disability(ies)

5. **Client address (include postcode)**

6. **Access information (e.g. one way street, lot number)**

7. **Phone number (include area code)** []

8. **Alternative contact name**

9. **Alternative contact phone number (include area code)** []

10. **GP/LMO name**

11. **GP/LMO phone number (include area code)** []

12. **Recommended appliance**

PRS - 3G/4G Medical Alarm Unit
(Supplier can assist with choosing appropriate alarm)
Trigger wearing option - Pendant OR Wrist

Replacement Trigger - wearing option - Pendant OR Wrist

Fall Detector - wearing option - Pendant OR Wrist

PIR Detector

EITHER GPS Mobile Alarm Pendant (MPERS) - Falls Feature enabled? No Yes

OR GPS Dementia Watch - Falls Feature enabled? No Yes

Other (use **Additional Information** section to specify type of item)

Room/Door/Exit Sensors
(use **Additional Information** section to specify type of item)

Hostel/Retirement Village Pendant Only Requests
(send to DVA and include name, phone and fax number of facility)

Client name DVA File No.

13. Recommendation New installation Takeover of Existing Alarm by eligible Spouse
Name of existing company

14. Current residence House or Unit Rental Department of Housing

Criteria

Note: The criteria listed below is a summary of the criteria required to be considered prior to prescription of a PRS to be supplied by the Department

- EITHER This person lives alone
OR This person does not live alone but is without assistance
OR This person does not live alone, but his/her carer is unable to provide or obtain assistance (e.g. due to significant hearing impairment, dementia or mobility problems)

The entitled person **should** meet one or more of the following criteria prior to the provision of a personal response system

- EITHER This person has a significant risk of medical emergencies
OR This person has a recent history (within the past 12 months) of falls. (The falls must have been investigated and the cause of the falls eliminated where possible. Therefore personal response systems should only be considered if there is a continued risk of falls)
OR This person displays a number of factors that would put them at high risk of a fall. (Risk factors include severe visual impairment, severe mobility and balance problems, severe incontinence, and medical conditions which affect balance and mobility (such as Parkinson's or Meniere's Disease))
- Person has sufficient physical function to operate the PRS
 Person has sufficient cognitive function to wear and operate the Pendant and PRS
 Person has a willingness to wear the Pendant 24 hours a day
 Person has a willingness to activate the PRS if necessary and test once each month

Technical Information

15. Reported mobile coverage No - Go to Question 18
 Yes - Go to Question 18
 Inadequate - Go to Question 16

16. Telephone or NBN Landline available? No Yes

17. Number of phones/phone sockets and location

18. Proposed location of PRS unit

19. Is a power point available solely for the PRS unit? No Yes

Client name DVA File No.

Provider Details

20. Provider type

OT RN Physio GP/LMO* Specialist*

* Please note that a GP/LMO and/or Specialist can only prescribe BF08 Sound and Movement Monitors, BF09 Exit Reminders, and BF12 Telecare Tracking Devices.

21. Provider name

22. Provider number (Registered Nurse use AHPRA number)

23. Phone number (include area code)

24. Fax number (include area code)

25. Email address

26. Do you recommend supply?

No

Yes - fax or email to the supplier of your choice listed on the last page of this form

27. Provider signature



Date

Emergency Contact Details

28. Emergency contact 1

Name

Relationship

Address (include postcode)

Phone number (include area code) Mobile number

Any restrictions

29. Emergency contact 2

Name

Relationship

Address (include postcode)

Phone number (include area code) Mobile number

Any restrictions

Client name

DVA File No.

Additional Information

It is important that you use this section to expand on any previous sections including important medical conditions, medications, allergies, height, weight, change in supplier etc. This information will be used to develop the client's emergency profile.

30. Additional Info/Notes

Nominated DVA Contracted Supplier

- | | |
|---|---|
| <input type="checkbox"/> INS LifeGuard - phone 1800 621 881
website: www.theinsgroup.com.au | fax 1300 770 730
email: lifeguard@theinsgroup.com.au |
| <input type="checkbox"/> Safety Link - phone 1800 813 617
website: www.safetylink.org.au | fax 1800 193 233
email: cscdept@safetylink.org.au or info@safetylink.org.au |
| <input type="checkbox"/> Tunstall Healthcare - phone 1800 603 377
website: www.tunstallhealthcare.com.au | fax 1800 435 570
email: customer.service@tunstall.com.au |
| <input type="checkbox"/> Vitalcall - phone 1300 360 808
website: www.vitalcall.com.au | fax 1300 554 483
email: sales@vitalcall.com.au |