

The NDIS describes Home Modifications as changes to the structure, layout or fittings of a participant's home so they safely access it and move around comfortably in areas they frequently use. Ordinarily, Customisations are undertaken by Participant funding.

In Sana Living homes, requests for Home Modifications must be prescribed by a qualified Occupational Therapist following an assessment of the property. Customisations and Home Modifications must be approved by Sana Living before any changes are made to the structure of the premises. Sana Living will coordinate the quote and works required following acceptance of the quote.

Please utilise the format of this form in order to specify/prescribe customisations required by the participant.

NB: Requests are made with reference to Clause 6.4 Maintenance and Repair of the Licence to Occupy.

Example of Customisation request:

<u>Location/Area</u>	Bathroom
<u>Prescription or Specification</u>	915mm length grab rail, mounted 840 mm above the floor finish to be fixed on the wall left of toilet.
<u>Clinical Justification</u> (if applicable)	Mitigates safety risks for participant when performing standing transfers.

*** Office Use Only ***

Request Approved:

Yes

Person Responsible for obtaining quote:

Occupational Therapist

Payment:

NDIS

Pre Move In
 Post Move In
 Photo/diagram attached

Participant Details

Participant Name:

NDIS Number:

Property for Proposed Works:

Room/Apartment Number:

Occupational Therapists Name & Organisation (if applicable):

Phone:

Email:

Customisation/Alteration Request:

<u>Location/Area</u>	
<u>Prescription or Specification</u>	
<u>Clinical Justification</u> (if applicable)	

***** Office Use Only *****

Request Approved:

Person responsible for obtaining quote:

Payment:

Pre Move In

Post Move In

Photo/diagram attached

Customisation/Alteration Request:

<u>Location/Area</u>	
<u>Prescription or Specification</u>	
<u>Clinical Justification</u> (if applicable)	

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Request Approved:

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Pre Move In

Post Move In

Photo/diagram attached

Declaration

- I confirm that I have reviewed the recommendations and clinical evidence provided by my Occupational Therapist (if applicable).
- I agree and approve the proposed customisations suit my individual needs.

Name of Participant/Guardian:

Date:

Signature of Participant/Guardian:

Name of Occupational Therapist (if applicable):

Signature of Occupational Therapist:

Date: