Qspec.

BUILDING MOBILITY SOLUTIONS

Specialists in Minor and Major Home Modifications

WE CAN SERVICE YOUR HOME CARE PACKAGE!

Australian Government
Department of Veterans' Affairs

I ndis
Registered NDIS Provider

ABN: 59161 448 415
QBCC Licence No. 131 4090
NDIS Provider No. 405 0002 887

CONTACT US

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Qspec Home Modifications Referral Form

Please return completed form to: ***admin@qspec.com.au***

Date of Referral:	**Occupational Therapist Name:**
Days Available:	**Organisation:**
Occupational Therapist Email:	**Occupational Therapist Contact No:**
Alternate Occupational Therapist Name:	**Alternate Occupational Therapist Ph or Email:**

Client Information

Title:	**Full Name:**	
Gender: M or F (Please Circle)	**DOB:**	**Mobile No.**
Street Address:		**Suburb/Town:**
Home Phone:		**Email:**
Alternate Contact Name:	**Contact No:**	**Relationship:**

Client Information - if NDIS Participant

Title:	**Full Name:**	
Gender: M or F (Please Circle)	**DOB:**	**Mobile No.**
Street Address:		**Suburb/Town:**
NDIS No.		**Plan Dates:**
NDIS Payment Category: *Home modifications, Assistive Technology etc.*		
Home Phone:		**Email:**

Next of Kin or Authorised Person:

Relationship to Client:

Next of Kin or Authorised Persons Contact Details:

Email: **Mobile No.** **Home Phone:**

Existence of a Carer: Y or N (Please Circle)
If Yes, please provide contact name & number:

Where does the Client live?: (Please tick one)

- ☐ Private Residence (Client or Family Owned)
- ☐ Private Residence - Public Rental
- ☐ Boarding House
- ☐ Institutional Setting E.g. Residential Aged Care/Hospital
- ☐ Private Residence - Private Rental
- ☐ Other _____

If the Client is renting has permission been granted by the Landlord?: Y or N *(If Yes please provide signed rental letter of approval form)*

Department of Vetenry Affairs (DVA) Card Status: (Please tick one)

☐ DVA Gold Card ☐ DVA Orange Card ☐ DVA White Card

Package Details: Is the client on a Home Care Package: Y or N (Please Circle)

Type of Funding:

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ NDIS

Name of Package Provider:

Contact Details of Package Coordinator:	**Phone Contact of Provider:**

If yes, what is their AC Number?

SPECIAL NEEDS

Is the client using specialised equipment or mobility aids?

- ☐ No
- ☐ Yes - if yes, please list:

EQUIPMENT EXPECTATIONS

Please outline the equipment, if any, the client intends on using:
Eg. Wheel chair on new ramp etc

Modification Information

Minor/ Non-Complex Modifications

Please outline modification type and use diagrams to show the modification or please attach diagrams:

Major/Complex Modifications

Please outline modification type and use diagrams to show the modification or attach diagrams: