

Occupational Therapist Summary Report

This form is to be completed in full by the occupational therapist and lists all modifications required for the client to access and live safely within the property on an on-going basis.

Attach supporting occupational therapist report.

Attach your detailed occupational therapist report that supports the required medical or disability related need for Home Modifications (Disability). The report must contain the following:

- details of all home modifications required for the client to live safely and independently in the property,
- drawings showing measurements and specifications for the placement or installation of modifications,
- include a listing of any <u>Standard Modifications</u> required in the interim to ensure the property is safe while the request for Major Modifications are assessed, the outcome is determined and/or works are completed.

Ensure the client has completed a third-party consent to allow Homes NSW to communicate with you as their occupational therapist <u>General consent to exchange information and act on client's behalf DCJ4001</u> form.

IMMEDIATELY REPORT ANY GENERAL PROPERTY MAINTENANCE INCLUDING HEALTH AND SAFETY REPAIRS TO THE MAINTENANCE HUB 1800 422 322

Client Details	
Title Mr, Mrs, Ms, Miss, Mx Last name or family name First and middle name (a)	
First and middle name (s) Property address Unit/House number	Street/Avenue
Town/Suburb	Postcode
Occupational Therapist Details	
Full name	
Organisation	
Email address	
Contact number	
Occupational therapist declaration I declare that I have read the Homes NSW <u>Home Modifications (Disability)</u> policy	
Occupational therapist signature	
Date	DD / MM / YYYY

Summary of Standard Modifications Required

List all items from the <u>Table of Standard Modifications</u> that are required for the client to live safely in the property while the request for Major Modifications is assessed and the outcome is determined. These items need no further substantiation if they are identified in the full occupational therapist report.

Disability or Medical Related Barrier Identified	Standard Home Modification Required	Report page
e.g. Floor covering is lifting at edges and causing a trip hazard	Cover strip to smooth edges of floor covering	8

Summary of Major Modifications Required			
Disability or Medical Related Barrier Identified	Major Home Modification Required	Report page	
e.g. Unable to use stairs in home	e.g. Install a chair lift	6	
e.g. Requires wheelchair access from gate to front door	e.g. Ramp and associated rails to rise 110mm	4	
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Name of person submitting this form			
Occupational therapist signature			
Date	DD / MM / YYYY		