



Application for Home Modifications (Disability)

Homes NSW provides two types of Home Modifications (Disability) - Standard and Major. Major modifications are modifications that require more extensive work to the property and extend beyond the scope of works listed in the [Table of Standard Modifications](#). Standard modifications can be requested by calling the Maintenance Hub on 1800 422 322 or speaking with your local Housing Services team.

This form is to be used to request Major Home Modifications (Disability) for all properties managed by Homes NSW, including headleased properties.

Please note: Any request for additions, alterations, or modifications to a headleased property are subject to approval from the property owner.

If an existing property is not suitable for the modifications needed, a transfer to relocate the tenant to another property may need to be considered. Consideration will be given to what (if any) interim modifications can occur at the property while the tenant awaits transfer to a more suitable property.

In some instances, a property will need to be vacant for modifications to be completed. If required Homes NSW will work with tenants to ensure suitable accommodation is provided during this time.

If you require home modifications for medical reasons, you may be eligible for assistance through the National Disability Insurance Scheme (NDIS) or My Aged Care. Check your eligibility for assistance at the [NDIS](#) website, or by visiting [My Aged Care](#).

If NDIS, My Aged Care, or an alternative provider is funding the required home modification(s), your request for home modifications will be managed according to the [Alterations to a Home](#) policy. Contact your local Housing Services team for more information.

Any urgent health or safety concerns should be reported immediately to the Maintenance Hub by calling 1800 422 322.

Part 1 – To be completed and signed by the client.

If an occupational therapist, medical worker, or other support person is completing this form on a client's behalf, a third-party consent form will need to be completed by the client. Complete the [General Consent to Exchange Information DCJ4001](#) form.

Part 2 – To be completed by the occupational therapist (OT).

Major Modifications will require a detailed occupational therapist report and an Occupational Therapist Summary Report. For clients who are not currently tenants or are an authorised household member of a Homes NSW managed property, only a Housing Needs Assessment is required. This application form is only required for applicants of social housing who require Major Home Modifications (Disability), after accepting an offer of public housing.

Once completed, please return this form and any supporting documents to your local Housing Services office.

Please mark relevant boxes with a . If you need more room to answer any questions, please include details on a separate page and attach it to this form.

Client reference number

Application reference number

T File number

Part 1 - Client to complete

Client's details

Title
Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name (s)

Date of birth

Contact number

Email

Language spoken

Interpreter required? Yes No

Who lives in the household?

Name of person	Date of birth	Age	Gender M/F/X
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		
	DD / MM / YYYY		

Who are the modifications required for? Name (s)

(Leave blank if client) Name (s)

Name (s)

NDIS, My Aged Care or alternative provider information

Is the person requiring modifications supported by NDIS, My Aged Care or alternative provider? Yes - go to next question No - you may be eligible for assistance through [NDIS](#) or [My Aged Care](#) - go to Property Details

Does the support package fund the person's need for the modifications required? Yes - A Third Party consent form will need to be completed to authorise Homes NSW staff to contact the support provider directly No - go to Property Details

Property Details

Property address

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Are you aware of any modifications being completed previously?

Yes - please list below

No

Additional Information

List any personal or household circumstances that staff or contractors will need to be aware of in order to complete the modification works e.g. Client has mobility impairments and takes a few minutes to answer door, or client will not answer private numbers, or client has hearing difficulties - communication must be by text or email.

DCJ Privacy Notice

This notice outlines how the Department of Communities and Justice (DCJ) collects, uses, stores and discloses your personal and or health information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) (PIIP Act) and the *Health Records and Information Privacy Act 2002* (NSW) (HRIP Act).

DCJ collects personal and or health information from time to time in connection with your application for housing services or during your tenancy for the purposes of assessing and processing your application for housing assistance and or administering your tenancy.

We may also collect information to provide you with support services, related to your tenancy or as a client of DCJ. This information may be collected from:

- you directly
- individuals who are visiting or residing at the same residential address as you
- members of the public
- Community Housing Providers
- your authorised representatives
- other third parties, for example medical practitioners
- other NSW or Commonwealth government agencies (as permitted by law).

This information is held by DCJ, and where relevant Community Housing Providers. The information held relates to services provided to you, including the details you provide in this document and information in other documentation completed or provided by or on your behalf, and it also relates to information you provide to our staff or Community Housing Providers (for example, during your public housing tenancy sign-up process).

DCJ may also use your information for data analytics, data matching and data integration on DCJ's Federated Analytics Platform (FAP). In addition to the use of your information on the FAP, this information will also support policymaking, program and service planning, delivery of targeted services for clients, program evaluation, monitoring and reporting, research and resource planning. We may also use your information within DCJ to plan, coordinate and improve the way we provide services. This includes use of the information by companies contracted by DCJ, for example, for the purposes of determining client satisfaction and related long-term service enhancement.

Intended recipients of your personal and or health information include those involved in the above activities, as well as any others who may have a lawful interest in considering your application or tenancy, including where relevant the:

- DCJ
- Aboriginal Housing Office
- Community Housing Providers
- Housing Appeals Committee
- NSW Land and Housing Corporation.

DCJ Privacy Notice continued

DCJ may also disclose your personal and or health information where required or permitted by law, for example:

- for purposes relating to child protection, health reasons, protection of public revenue, and or law enforcement
- to relevant statutory bodies
- to other co-tenants, authorised occupants and or visitors of the subject residential address.

The supply of your personal and or health information in this form is voluntary; however, if you do not supply us with the information we request, we may not be able to process your application, provide services to you or other individuals affected by your tenancy, or provide other forms of assistance.

You have a right of access to and correction of your personal and health information held by DCJ in accordance with the PPIP Act and the HRIP Act. Further information about your privacy rights are available on the DCJ website at <https://www.dcj.nsw.gov.au/privacy-notice>.

Declaration

- I have read and understand the above notice.
- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I consent to the personal and medical information I have provided in this application, and which is stored in DCJ' records, being shared with other social housing providers so that appropriate services can be identified and delivered and, if necessary, for my doctor or health care professional to discuss these details on my behalf with the social housing provider.

Title
Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

Date

Signature

Is there another person helping you to fill out this form?

Yes
that person should read and sign the declaration below

No

Declaration from the person assisting or completing this application on behalf of the client

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title
Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

Date

Signature

Contact number

Consent to exchange information and/or Authority to Act

If an additional party need to be included, or contacted regarding the home modifications, or has consent to act on your behalf. Please complete the [General Consent to Exchange Information and Authority to Act DCJ4001](#) form, for each organisation or person as relevant.

To consent to information being shared with multiple parties please complete the [Consent to Exchange Information Between Support Workers/Service Providers DH0145](#) form.



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 [Standard Modifications](#) 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 [General consent to exchange information and Act on Client's behalf DCJ4001](#) form.

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

Client Details

	Title	<input type="text"/>
	Mr, Mrs, Ms, Miss, Mx	
	Last name or family name	<input type="text"/>
	First and middle name (s)	<input type="text"/>
Property address	Unit/House number	<input type="text"/>
	Street/Avenue	<input type="text"/>
	Town/Suburb	<input type="text"/>
	Postcode	<input type="text"/>

Occupational Therapist Details

	Full name	<input type="text"/>
	Organisation	<input type="text"/>
	Email address	<input type="text"/>
	Contact number	<input type="text"/>

Occupational Therapist Declaration

I declare that I have read the [Homes NSW Home Modifications \(Disability\) policy](#)

Occupational therapist Signature

Date

Summary of Standard Modifications Required

List all items from the [Table of Standard Modifications](#) 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

Name of person submitting this form

Occupational therapist Signature

Date