



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

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

OR  GPS Dementia Watch – Falls Feature enabled?  No  Yes

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