



Complete this form for requesting:

- AA05 Monitored Personal Response Systems (PRS), Mobile Personal Emergency Response Systems (MPERS) and lock boxes
- BF08 Sound and Movement Monitors
- BF09 Exit Reminders
- BF12 Telecare (Tracking) Devices.

Please note that a GP or Specialist can only prescribe BF08 Sound and Movement Monitors, BF09 Exit Reminders, and BF12 Telecare Tracking Devices as these items do not require an in-home assessment.

**Privacy notice** – 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.

Go to [www.dva.gov.au/privacy](http://www.dva.gov.au/privacy) for more information about 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.

## Assessing Health Provider details

1. **Provider type**  OT  RN  Physio  GP\*  Specialist\*

\* Please note that GP/Specialist can only prescribe BF08 Sound and Movement Monitors, BF09 Exit Reminders and BF12 Telecare (Tracking) Devices.

2. **Provider name**


3. **Provider number**  
(RNs use AHPRA number)

4. **Phone number**  
(including area code)  [ ]  Mobile number

5. **Email address**

6. **Employer**

7. **Address**   Postcode

8. **Provider signature**   Date  /  /

9. **Provider stamp** (if applicable)

## Client details

<b>10. Client name</b>	<b>Surname</b>	<input type="text"/>	
	<b>Given name(s)</b>	<input type="text"/>	
<b>11. Date of birth</b>	<input type="text" value="/"/> / <input type="text" value="/"/>		
<b>12. DVA File number</b>	<input type="text"/>		
<b>13. Card type</b>	<input type="checkbox"/> Gold	<input type="checkbox"/> White	Please contact DVA on <b>1800 550 457</b> or <a href="mailto:RAPGeneralEnquiries@dva.gov.au">RAPGeneralEnquiries@dva.gov.au</a> to check eligibility aligns with the client's accepted condition(s).
<b>14. Does the client have a medical contra-indication which may affect device selection</b> (e.g. Pacemaker (PPM) or Deep Brain Stimulator (DBS))?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
<b>15. Does the client live in a Registered Aged Care Facility (RACF)?</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	▶ DVA cannot supply these devices to clients living in a RACF
<b>16. Address</b>	<input type="text"/>		Postcode <input type="text"/>
<b>17. Access information</b> (e.g. one way street, lot number)	<input type="text"/>		
<b>18. Phone number</b> (including area code)	<input type="text" value="[ ]"/>	Mobile number	<input type="text"/>
<b>19. Alternative contact name</b>	<input type="text"/>		
<b>20. Alternative contact phone number</b> (including area code)	<input type="text" value="[ ]"/>	Mobile number	<input type="text"/>
<b>21. GP name</b>	<input type="text"/>		
<b>22. GP phone number</b> (including area code)	<input type="text" value="[ ]"/>	Mobile number	<input type="text"/>

## Order details

### 23. Recommended appliances

RAP Schedule No.	Tick to order	Description	Prescriber	Option	Extra features	Other requirements - please specify
AA05	<input type="checkbox"/>	Monitored Personal Response Systems (PRS)	OT, RN, Physio	<input type="checkbox"/> Pendant <input type="checkbox"/> Wrist <input type="checkbox"/> Other - specify in last column of this table	<input type="checkbox"/> Fall Detector <input type="checkbox"/> Key safe/lock box	
AA05	<input type="checkbox"/>	Mobile Personal Emergency Response Systems (MPERS)	OT, RN, Physio	<input type="checkbox"/> Pendant <input type="checkbox"/> Wrist <input type="checkbox"/> Other - specify in last column of this table	<input type="checkbox"/> Fall Detector <input type="checkbox"/> Key safe/lock box	

RAP Schedule No.	Tick to order	Description	Prescriber	Other requirements - please specify
BF08	<input type="checkbox"/>	Sound and Movement Monitors	OT, GP, RN, S, Physio	
BF09	<input type="checkbox"/>	Exit Reminders	OT, GP, RN, S, Physio	
BF12	<input type="checkbox"/>	Telecare (Tracking) Devices	OT, GP, RN, S	

## Criteria

24. The criteria listed is a summary of the criteria required to be considered prior to prescription of a PRS to be supplied by DVA

Tick one only

- Client lives alone, **or**
- Client does not live alone but is without assistance, **or**
- Client 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)

25. The client **SHOULD** meet one or more of the following criteria prior to the provision of a personal response system

Tick one or more

- Client has a significant risk of medical emergencies.
- Client 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)
- Client displays a number of factors that would put them at high risk of a fall. (Risk factors may include severe visual impairment, significant balance and mobility deficits)

26. The client **MUST** meet ALL of the following criteria prior to the provision of a personal response system

- Client has sufficient physical function to operate the device
- Client has sufficient cognitive function to wear and operate the device
- Client has a willingness to wear the device 24 hours a day
- Client is willing to activate and test the device once each month if necessary

27. **FOR BF12 Telecare (Tracking) Devices ONLY**

- A record of consent has been obtained from the client or their Enduring Power of Attorney (EPOA) - Medical Treatment.

## Installation requirements

28. Reported mobile coverage?

No  ► *Continue to next question*

Inadequate  ► *Continue to next question*

Yes  ► **Go to Question 31**

29. Telephone or NBN Landline available?

No  Yes

30. Number of phones/phone sockets and locations

31. Proposed location of PRS unit

32. Is the powerpoint available solely for the PRS unit?

No  Yes

33. Recommendation

- New installation, **or**
- Takeover existing alarm by eligible spouse - Specify name of existing company

34. Current residence

House or Unit  Rental  State/Territory owned housing

## Emergency contact details (for PRS, MPERS and Telecare (Tracking) Devices only)

**35. Emergency contact 1**

Name

Relationship

Address  Postcode

Phone number (including area code) [  ] Mobile number

Any restrictions

**36. Emergency contact 2**

Name

Relationship

Address  Postcode

Phone number (including area code) [  ] Mobile number

Any restrictions

## Additional information

- 37. Additional information/Notes** – 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. If you need more space, please attach an additional sheet.

## DVA Contracted Supplier

Please send completed form directly to the DVA Contracted Supplier of your choice

- INS LifeGuard** – phone 1800 621 881 fax 1300 770 730  
website: [www.theinsgroup.com.au](http://www.theinsgroup.com.au) email: [lifeguard@theinsgroup.com.au](mailto:lifeguard@theinsgroup.com.au)
- Safety Link** – phone 1800 813 617 fax 1800 193 233  
website: [www.safetylink.org.au](http://www.safetylink.org.au) email: [cscdept@safetylink.org.au](mailto:cscdept@safetylink.org.au) or [info@safetylink.org.au](mailto:info@safetylink.org.au)
- Tunstall Healthcare** – phone 1800 603 377 fax 1800 435 570  
website: [www.tunstallhealthcare.com.au](http://www.tunstallhealthcare.com.au) email: [AU.customerservice@tunstall.com](mailto:AU.customerservice@tunstall.com)
- Vitalcall** – phone 1300 848 252 email: [sales@vitalcall.com.au](mailto:sales@vitalcall.com.au)  
website: [www.vitalcall.com.au](http://www.vitalcall.com.au)