

# HOME MODIFICATION ASSESSMENT QUOTE FORM

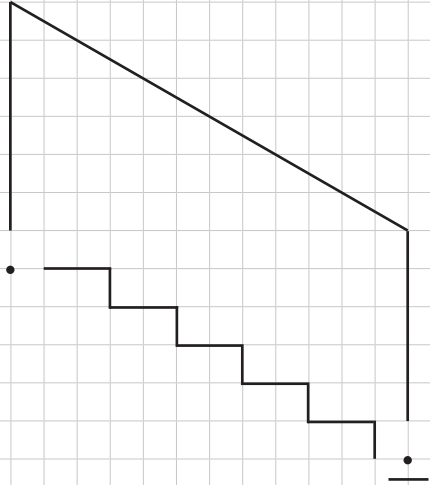
DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CLIENT DETAILS		HEALTH PROFESSIONAL	
Full Name:		Full Name:	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone: (       )	
Phone: (       )		Email:	
Email:		Address:	
Address:		City/Town:	State:       Postcode:
City/Town:	State:       Postcode:	Facility/Practice Name:	
Location of Assessment:			

FUNDING		
Select One: <input type="checkbox"/> NDIS ( <i>Fill Below</i> ) <input type="checkbox"/> TAC <input type="checkbox"/> HOME CARE PACKAGE <input type="checkbox"/> SWEP <input type="checkbox"/> DVA <input type="checkbox"/> PRIVATE		
NDIS	Participant Number:	Planner:
	COS Agency:	COS Coordinator Name:

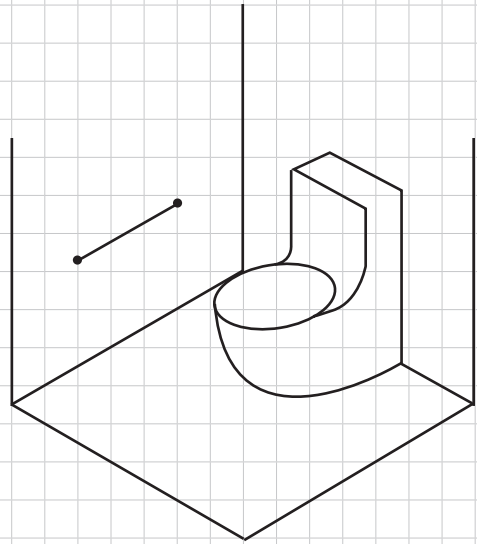
MODIFICATION REQUEST	✓	NOTES/COMMENTS:
Basic Grab Rails : <input type="checkbox"/> 300mm <input type="checkbox"/> 450mm <input type="checkbox"/> 600mm		
Hand Held Shower		
Basic Free Standing Bannister Rails		
Magnetic Door Catches		
Removal of shower screen doors and replace with shower curtains		
Merbau Lined Platform Step		
Threshold Rubber ramps and Rubber Shower Base Inserts		
Chair Raiser Platforms		
Weight Bearing Grab Rail		
Other:		

**STAIRS**



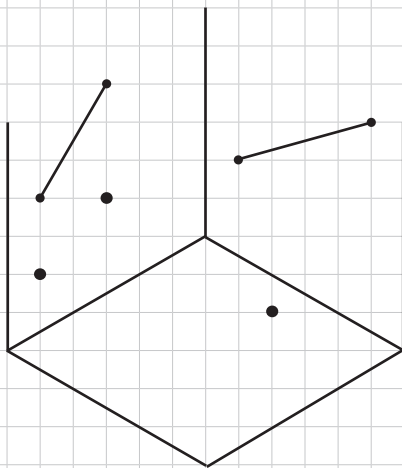
Notes:

**TOILET**



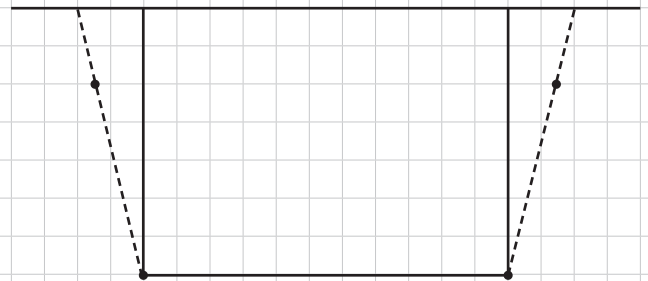
Notes:

**SHOWER STALLS**



Notes:

**RAMPS**



AERIAL VIEW



SIDE VIEW

Notes: