Disability Modifications & Aids Request Form

Community Housing Limited Group of Companies (CHL) houses many customers with a disability or mobility impairments and is committed to ensuring the accommodation in which they are housed is appropriate for their needs. CHL understands that customers' needs can change over time and seeks to support residents with a disability or mobility need affecting their ability to carry out normal day-to-day activities, to live independently in their home and enjoy a good quality of life.

How to apply:

You will need written approval from Community Housing Limited (CHL) prior to any disability modification work starting, due to the property needing to meet CHL's standards.

This form can be used if you wish to apply for the installation of any disability modifications or aids to your home, for the purposes of:

1. Support for a disability or illness
2. Improved accessibility
3. Help carrying out normal day-to-day activities
4. Help to live independently in your home and improve your quality of life

Complete this form and return by:

Posting or dropping it into your local Community Housing Limited Office.

or emailing to: maintenance@chl.org.au

All applications must outline the reasons for the request and (where required) be accompanied by an Occupational Therapists report.

If you need more information or assistance to complete this form, contact us on 1300 245 468.

Conditions

1. Community Housing Ltd (CHL) will assess this request on the basis of the information provided.
2. In cases where external funding is available for any disability modifications or aids, CHL may only contribute to an amount not covered by funding.
3. If a permit is required for the works from the local council, the works must not commence before the permit is given. The works will be subject to inspection by the Asset Management Team.
4. The work carried out must comply with all laws and be relevant to Australian Standards and Industry Standards.
5. Prior to the tenant/renter vacating the premises in the future, an inspection of the property is carried out by the local CHL Office to determine one or more of the following:
    a. The item/s listed in this application form will become property of CHL without reimbursement to the tenant/renter should they vacate without removing the item/s listed.
    b. The tenant/renter will meet the cost of restoring the property to its original condition in the event of vacating the property and removing the item/s. This may include any redecorating that may take place.
    c. If the tenant/renter does not remove the item/s and refuses to pay for restoration works deemed necessary by CHL and its representatives, CHL may make an application to the Civil and Administrative Tribunal or Magistrates Court to seek compensation for costs associated with the restoration works.
6. Each application will be assessed on its own merit and without bias. However, CHL reserves the right to refuse any application deemed to be inappropriate.

Disability Modifications & Aids Request Form

If you would like help completing this form, please phone 1300 245 468

Part A – Primary Tenant/Renter Details

Tenant/renter name

Date of birth

Contact number

Email

Property Address

Part B – Request Details

Who is the person that requires the modification/s?

Is this person the primary tenant/renter? (e.g. the person who signed the lease/rental agreement)

○ **Yes** ○ **No**

What is the primary tenant's/renter's relationship to the person requiring modifications?

What is the reason for your request?

- ☐ **Support for a disability or illness/medical condition**
- ☐ **Improved accessibility, mobility requirements**
- ☐ **Help carrying out normal day-to-day activities**
- ☐ **Help living independently in your home and improving quality of life**
- ☐ **Other (please provide details)**

Is the person who requires the modification receiving support from an agency or professional worker?
(e.g. Disability Services, Home Care, RDNS etc.)

○ **Yes** ○ **No**

If yes, please provide agency/worker details below

Organisation

Contact person

Contact number

Email

Office address

Is the disability the result of an accident where compensation is, or may be payable? ◯ **Yes** ◯ **No**

If yes, please complete details below:

Insurance company			
Claim number			
Solicitor details			
Contact number		**Email**	

Part C – Details of disability modifications and aids required

Please provide details of the modification/s needed

Please advise why these modifications are essential

Have other options been explored for providing or funding the modification/s (e.g. other agencies, NDIS, Domiciliary Care, etc.), if these costs would not normally be met by a landlord?

Please provide details of other options explored

Part D - Declaration

This section must be signed by the primary tenant/renter or a worker/advocate (if the primary tenant/renter is unable to sign due to their disability).

1. I declare that the information provided above is true and correct.
2. I give permission for information about this modification request to be provided as necessary to those parties that require it for the assessment and provision of the requested modification (e.g. CHL or contractors, etc.).
3. I understand that I am required to provide an Occupational Therapist report prior to modifications being made.
4. I understand that CHL may request additional verification from me at any point.

Print name

Signature **Date** (dd/mm/yyyy)

Office Use Only

Is a Council building permit required for this work? ○ **Yes** ○ **No**

If yes, has the Council permit been issued? ○ **Yes** ○ **No**

Council permit: ○ **Attached** ○ **Not applicable**

Permit endorsed by Responsive Maintenance Officer (RMO)? ○ **Yes** ○ **No**

RMO name:

Application: ○ **Approved** ○ **Declined**

If declined, provide reason:

CHL staff name

Signature **Date** (dd/mm/yyyy)

Privacy and your personal information

Your personal information is protected by the Privacy Act 1988 and the CHL Privacy Policy available on our website, www.chl.org.au.

Office use only

This document should be reviewed and revised periodically and/or as required. The period between reviews must not exceed two years. This document remains valid until such time that a new version is published.

Review history

Document reference	Date and version	Reason for review	Review frequency	Owner	Approver
FRMHOUAUSNATMOD202403	July 2024, Version 3.0	Scheduled review	Biennially	Chief Operations Officer	Chief Operations Officer
FRMHOUAUSNATMOD202302	October 2023, Version 2.0	Updates	Biennially	National Manager Operations	National Manager Operations
FRMHOUAUSNATMOD202201	March 2022, Version 1.0	New form	Biennially	National Manager Operations	National Manager Operations