Assessment template – Minor home modifications

Please complete this assessment template for minor home modification supports if you are an occupational therapist or home modification assessor.

Provide as much information as possible so we can accurately review your assessment and determine if the recommended supports meet the [NDIS funding criteria](https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/how-we-work-out-if-support-meets-funding-criteria).

For more information about home modification supports, refer to:

* [Our Guideline – Home Modifications](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fourguidelines.ndis.gov.au%2Fsupports-you-can-access-menu%2Fhome-and-living-supports%2Fhome-modifications&data=05%7C01%7CPeta.Omachen2%40ndis.gov.au%7C0df8fb96347b4ceba25108da83e01c1d%7Ccd778b65752d454a87cfb9990fe58993%7C0%7C0%7C637967295811903457%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=V4g7Vr4jquGLAC2TvLobrMGqWCU6p%2Fs%2FDIzN90LDjhA%3D&reserved=0)
* [Guidance for home modification assessors](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-home-modifications#home-modification-hm-assessments)
* [Guidance for builders and designers](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-home-modifications#complex-home-modification-chm-assessments)

For information about simple home adaptations, refer to [Our Guideline – Assistive Technology](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/assistive-technology).

For complex home modifications (over $20,000 and requiring building approvals/certifications), please complete the [Assessment template – Complex home modifications](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-home-modifications#assessment-template).

# Notes about minor home modifications

Minor home modifications are customised changes to a home that generally:

* are straightforward, non-structural changes, including under a bathroom floor (whether a change is considered structural or non-structural can depend on which state or territory the participant lives in)
* have a relatively low risk of major problems during or after work is done
* only affect one or 2 areas in a home
* cost less than $20,000 in total.

Examples of minor home modifications include:

* temporary or simple ramps (internal or external)
* ramp rails or grab rails
* adding or moving taps
* bathroom changes that don’t affect the floor sub-structure
* removing or changing non-structural items, for example internal doors or shower screens
* minor carpentry works, for example adjusting cabinetry or benches
* changing light switches or power points.

Minor home modification supports are categorised based on their cost and level of risk:

**Category A**

* Less than $10,000
* Can be assessed by a general [occupational therapist](https://otaus.com.au/find-an-ot)

**Category B**

* $10,000 and above, or affects a bathroom floor
* Must be assessed by a specialist [home modification assessor](https://otaus.com.au/find-an-ot), which is an occupational therapist qualified to recommend more detailed home modification supports

The cost limits for minor home modifications are based on MMM1 location costs in the [NDIS set budget](https://www.ndis.gov.au/participants/home-and-living/home-modifications-explained), using the [Modified Monash Model](https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm) (MMM).

# Notes for assessors

* Most minor home modifications will not need a building construction practitioner. If the participant’s category B home modifications need an independent building construction practitioner to review the plans or scope of work, please justify why
* Participant outcomes must align with the participant’s goals to improve their independence and functional capacity

## ****Notes for navigating and editing this document****

### **General Notes**

This document is protected so only some fields can be changed.

You can add more rows in this table if you need to. To add rows:

* navigate to the last column in the table
* right click mouse, or select the right context menu
* select Insert from the menu
* select Insert Rows Below.

Text fields have unlimited entry. The document will become longer when you enter large amounts of information.

You can check spelling and grammar in the word processor you are using.

You can move around this document using the Tab key.

### **JAWS Specific Comments**

Ins + F1 will read document information including the general layout, header and footer information.

Ins + F6 will bring up a headings list allowing a JAWS user to jump to heading sections.

Ins + F7 will bring a list of web links embedded in the document.

Ins + Z will turn on quick navigation fields so a JAWS user can use ‘H’ to jump to the next heading for easy navigation.

# 1. Participant and plan management details

## 1.1 NDIS participant details

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Date of birth (DD/MM/YYYY) | DD/MM/YYYY |
| NDIS number | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Contact telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

# 2. Participant assessment

## 2.1 How does the participant’s disability impact them in their home?

Mobility

Stairs

Ramps

Flooring

Other mobility – please detail:

|  |
| --- |
| Click or tap here to enter text. |

Transfers

Bed

Chair

Toilet

Car

Other transfers – please detail:

|  |
| --- |
| Click or tap here to enter text. |

Functional

Lifting

Carrying

Reach

Other functional – please detail:

|  |
| --- |
| Click or tap here to enter text. |

Cognitive

Impulsivity

Executive planning

Problem solving

Decision making

Other cognitive – please detail:

|  |
| --- |
| Click or tap here to enter text. |

## 2.2 Please describe the participant’s functional capacity.

Include any other relevant information to support your home modifications recommendation.

|  |
| --- |
| Click or tap here to enter text. |

## 2.3 In which areas will the recommended home modifications help the participant be more independent?

Toileting

Showering/bathing

Dressing/grooming

Cleaning

Laundry

Feeding

Meal preparation

Property/yard maintenance

Recreation/leisure

Driving/transport

Work

Study

Other – please detail:

|  |
| --- |
| Click or tap here to enter text. |

## 2.4 Briefly describe how the recommended home modifications will improve the participant’s independence in the above areas.

|  |
| --- |
| Click or tap here to enter text. |

## 2.5 Will the recommended home modifications reduce any ongoing need of personal care and support, or other core supports for the participant?

No

Participant does not currently have ongoing funding

Yes – please describe:

|  |
| --- |
| Click or tap here to enter text. |

## 2.4 Has the participant had an objective functional assessment?

No

Yes – please describe the assessment and its outcomes:

|  |
| --- |
| Click or tap here to enter text. |

# 3. Property details

## 3.1 Legal home ownership type

Owned by participant

Owned by participant’s family

Co-owned

Private rental

Public rental

Community housing

Other – please detail:

|  |
| --- |
| Click or tap here to enter text. |

## 3.2 Legal owner contact details

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

## 3.3 Lease information

If the house is rented, when does the lease expire?

|  |  |
| --- | --- |
| Expiry date of lease (DD/MM/YYYY) | DD/MM/YYYY |

## 3.4 Has the NDIS already funded modifications at this property?

No

Yes – Describe any previous modifications including:

* the type of modification (for example, interim home modification for discharge from hospital)
* dates when the home modification was installed.

| Click or tap here to enter text. |
| --- |

## 3.5 Construction of home

Walls

Solid brick

Brick veneer/plasterboard

Timber/plasterboard

Timber

Steel/plasterboard

Other – please detail:

|  |
| --- |
| Click or tap here to enter text. |

Floors

Timber

Tiles

Concrete

Particle board

Other – please detail:

|  |
| --- |
| Click or tap here to enter text. |

## 3.6 What areas of the home does the participant find difficult to access?

Entrance

Bathroom

Bedroom

Kitchen

Laundry

Living area

Dining area

Outdoors/yard

Other – please detail:

|  |
| --- |
| Click or tap here to enter text. |

## 3.7 Photographs

Please provide digital photographs of the areas in the home to be modified.

|  |
| --- |
| Click or tap here to enter text. |

# 4. Recommended minor home modification supports

## 4.1 Have assistive technology supports been investigated for the participant?

Yes – please provide further information in [section 4.3](#_4.3_What_home).

No

## 4.2 Does the participant need any of the following services to help plan, implement, and review their recommended home modifications?

Assessor review of completed supports and participant outcome

|  |  |
| --- | --- |
| Support details | Click or tap here to enter text. |
| Hours / $ amount | Estimated 2 hrs  Click or tap here to enter text. |

Building construction practitioner or building works project manager

|  |  |
| --- | --- |
| Support details | Click or tap here to enter text. |
| Hours / $ amount | Click or tap here to enter text. |

Participant/carer training in use of supports

|  |  |
| --- | --- |
| Support details | Click or tap here to enter text. |
| Hours / $ amount | Click or tap here to enter text. |

## 4.3 What home modifications supports do you recommend for the participant?

Please indicate each type of home modification support recommended, and identify:

* the quantity needed
* if certifications or local council building approvals or permissions are needed – you can check with the participant’s local government authority
* the expected NDIS budget needed
* in the proposed modification details area, provide further comments about the modifications and detail the modification if more than 1 unit of budget will be needed.

**Recommended modifications**

Ramp (please specify type)

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ External pathway

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ External doorway

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Internal doorway

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Flooring

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Bathroom/toilet

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Kitchen/laundry

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Air conditioning

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Electrical / Door automation

|  |  |
| --- | --- |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

☐ Other works

|  |  |
| --- | --- |
| Modification | Click or tap here to enter text. |
| Quantity (#, m, m2) | Click or tap here to enter text. |
| Are approvals or certifications needed? |  |
| NDIS budget | $ Click or tap here to enter text. |
| Proposed modification details | Click or tap here to enter text. |

## 4.4 What is the expected total budget of the recommended minor home modifications?

|  |
| --- |
| $ Click or tap here to enter text. |

## 4.5 What is the overall classification of the recommended minor home modifications?

Refer to [notes about minor home modifications section](#_Notes_about_minor).

Category A (less than $10,000)

Category B ($10,000 and above, or affects a bathroom floor)

# 5. Assessor details

## 5.1 Occupational therapist or home modification assessor details

|  |  |
| --- | --- |
| First and surname | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| NDIS provider registration number (if applicable) | Click or tap here to enter text. |
| AHPRA registration number | Click or tap here to enter text. |
| Qualifications/experience | Click or tap here to enter text. |
| Date of assessment (DD/MM/YYYY) | DD/MM/YYYY |
| Date of submission (DD/MM/YYYY) | DD/MM/YYYY |

## 5.2 Declaration

I acknowledge that the NDIA will use my professional recommendation in this assessment report to decide if the proposed home modification is value for money and will improve outcomes for the NDIS participant.

|  |  |
| --- | --- |
| Signature | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | DD/MM/YYYY |

# 6. Homeowner consent

The legal homeowner(s) must complete this section in relation to the home modification supports recommended in [section 4.3](#_4.3_What_home).

* I/we confirm the participant for whom these changes are recommended will have tenancy in the home for at least a period of:

1 year

2 years

3 years

4 years

5 years

more than 5 years

* I/we confirm the participant can remain in the home until at least the end of their tenancy agreement.

Yes, I/we confirm

No, I/we do not confirm

* I/we understand the changes involved in the recommended modifications to the home. Yes, I/we understand

No, I/we do not understand

* I/we approve the home to be modified with the disability supports listed.

Yes, unconditional approval

Yes, conditional approval – please list the conditions upon which you will approve the modifications to the property:

|  |
| --- |
| Click or tap here to enter text. |

No, I/we do not approve the modifications

|  |  |
| --- | --- |
| Homeowner(s) full name | Click or tap here to enter text. |
| Signature(s) | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | DD/MM/YYYY |

# 7. Participant consent

As a participant who needs home modification supports, the NDIA may need to contact your occupational therapist, home modification assessor, and/or home modifications supplier to discuss information about this home modification assessment.

This will help us determine if your request for home modification support(s) meets the [NDIS funding criteria](https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/how-we-work-out-if-support-meets-funding-criteria).

* Do you consent to the NDIA collecting and sharing your information including from these third parties mentioned above, in relation to your home modification assessment?

**Yes**, I consent.

**No**, I do not consent.

You can withdraw your consent for us to do things with your information at any time by letting us know.

* I understand I can access [Our Guideline – Your privacy and information](https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/your-privacy-and-information) for more information.

**Yes**, I understand.

**No**, I do not understand.

|  |  |
| --- | --- |
| Participant’s full name | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | DD/MM/YYYY |

## 7.1 Participant’s authorised representative

If you are signing this form on behalf of the NDIS participant, please complete your details below.

**Please note:** It is an offence to provide false or misleading information. We may require you to provide evidence of your authority to sign on behalf of the participant.

|  |  |
| --- | --- |
| Representative’s first and surname | Click or tap here to enter text. |
| Relationship to the participant | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | DD/MM/YYYY |

# 8. Privacy and your personal information

Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the National Disability Insurance Scheme (NDIS). Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will not use any of your personal information for any other purpose or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

The NDIA’s privacy policy describes:

* how we use your personal information
* why some personal information may be given to other organisations from time to time
* how you can access the personal information we have about you on our system
* how you can complain about a privacy breach, and how the NDIA deals with the complaint
* how you can get your personal information corrected if it is wrong.

Learn more at [Our Guideline – Your privacy and information](https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/your-privacy-and-information).

Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can’t record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.

# 10. How do I return this form to the NDIA?

There are a few ways you can return this form to us:

* Email: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
* Mail: NDIA, GPO Box 700, Canberra ACT 2601
* In person: Visit a **Local Area Coordinator**, **Early Childhood Partner** or **NDIS office** in your area.