# Assessment Template – Vehicle modifications

Please complete this form if you are an **Assistive Technology (AT) assessor of** vehicle modifications or driving supports. You will need to be:

* an occupational therapist (OT) if you are assessing a participant to be a passenger in the vehicle
* a driver assessor occupational therapist (OT) if you are assessing a participant to drive the vehicle.

## ****Notes for AT assessors of vehicle modifications and driving supports****

There are specific [AT assessment templates](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-assistive-technology#at-assessment-templates) available for different types of AT. These templates help assessors and participants provide the right information to the NDIA. Using this template ensures the NDIA has the information required for planning and approval and helps avoid delays.

An AT assessor:

* is able to assess a participant's needs and situation and identify the most appropriate AT
* can be an allied health practitioner, psychologist, specialist, or other suitably qualified practitioner.

AT assessors have obligations under:

* the NDIS Provider Terms of Business
* [NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/)
* their respective professional registration under Australian Health Practitioner Regulation Agency (AHPRA)
* Australian Consumer Law.

AT assessors must consider all options for the participant, including non-AT supports to:

* address the participant’s disability related functional limitations
* pursue their goals.

AT Assessors must be aware of and observe the law relating to AT that is likely to restrain a participant. See [Our Guideline – Vehicle modifications and driving supports](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/vehicle-modifications-and-driving-supports) for more information.

We will use the information in this form to understand how the vehicle modification and driving supports will help the participant to pursue their goals and assess whether the support 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).

Using this template is not mandatory. An assessor can provide information in another format, but they must include all information described in this template. Information provided needs to include an outline of the functional impact of each feature being recommended. This should include how the assistive technology will support capacity building, promote independence and impact other forms of support.

To decide if the vehicle modification or driving supports is suitable for the NDIS to fund, NDIS delegates use [Our Guideline – Vehicle modifications and driving supports](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/vehicle-modifications-and-driving-supports).

For information about NDIS AT trials and quotations refer to [Our Guideline - Assistive Technology.](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/assistive-technology)

To keep up to date, AT assessors can go to [Providing assistive technology page on the NDIS website](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-assistive-technology). Participants can go to [Assistive technology explained](https://www.ndis.gov.au/participants/assistive-technology-explained).

## ****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.

## Part 1 – Participant and plan management details

### 1.1 NDIS participant details

|  |  |
| --- | --- |
| Name |  |
| Date of birth (DD/MM/YYYY) |  |
| NDIS number |  |
| Address |  |
| Contact telephone number |  |
| Email address |  |
| Preferred contact method |  |
| Nominee or Guardian name |  |
| Nominee or Guardian telephone number |  |
| NDIS support coordinator name |  |
| NDIS support coordinator telephone number |  |
| NDIS support coordinator email address |  |

### 1.2 Plan management details

Select option/s by checking the box

[ ]  Agency managed

[ ]  Self-managed

[ ]  Registered plan management provider (include contact details)

|  |  |
| --- | --- |
| Contact details |  |

## Part 2 – Assessment of participant needs

### 2.1 Are the vehicle modifications related to the participant’s disability?

Describe the status of the participant’s disability and their current situation. Why do they need vehicle modifications to use a vehicle? If vehicle modifications are not made, will they be able to drive the vehicle or travel as a passenger?

This may include their disability-specific barriers, diagnosis, prognosis, co-existing conditions, informal and formal support arrangements and any life transitions.

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### 2.2 Participant goals

If the participant has made their NDIS plan available to you, describe the benefits for the participant pursuing their goals through the vehicle modification. This may be as a driver and/or a passenger.

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### 2.3 Functional assessment

Outline the functional limitations of the participant’s disability.

Consider:

* indoor/outdoor mobility, transfer function, balance, upper and lower limb function
* how the functional limitations indicate a need for the vehicle modification.

Please summarise or attach relevant assessments, such as cognitive or mobility assessments.

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### 2.4 Participant measurements

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| Height (in centimetres) |  |
| Weight (in kilograms) |  |
| Participant’s seated height in their wheelchair (if applicable) |  |

### 2.5 Assistive technology

Describe any assistive technology the participant will need for the vehicle modification. This may include a hoist, orthotics, prosthetics, manual or power wheelchairs.

If the participant uses a wheelchair, describe the wheelchair specifications they will be seated in when they travel or transfer into or from the vehicle. Include any restraints they use.

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### 2.6 Participation in social and work life

Describe the participant’s participation in work, education, sport, social and other everyday activities.

Consider:

* the location of these activities
* the availability and accessibility of transport options
* the expected benefit of the vehicle modification
* whether there are other support options/solutions that would achieve the same outcome, such as hire or leasing assistive technology.

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### 2.7 Use of the vehicle

Provide details about the following:

* How often the participant will use the vehicle – please state the frequency, in percentage or number of times in an average week the participant will be the driver and/or passenger.
* The participant’s potential to drive in the future.
* Whether the participant has any specific license restrictions or endorsements. For example, if a hand control is recommended, confirm this is endorsed on the licence.

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### 2.8 Vehicle modification fit

Please confirm the modifications will fit in the proposed vehicle. To do this you need to:

* consider the dimensions of the vehicle interior
* ensure appropriate clearances for circulation and safe use of assistive technology, for example, head-room clearance
* consider growth and foreseeable changes in the participant’s function.

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### 2.9 Other considerations

Describe any other vehicle access and/or transport considerations you assessed.

This includes:

* vehicle height clearance and circulation space in the garage where it will be stored
* a safe location for transfers
* vehicle parking in frequently visited locations
* friends or family to help with transport
* use in remote and/or metropolitan areas.

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### 2.10 Please attach the following evidence:

* If you didn’t provide a summary above, attach:
	+ assessments showing the functional limitations of the participant’s disability, which indicate a need for the vehicle modifications.
* If the participant will be driving, attach:
	+ a copy of the participant’s current drivers licence that specifies the license type, for example learner’s, provisional or full license
	+ driver trained occupational therapist report.

## Part 3 – Vehicle information

### 3.1 What is the vehicle’s make, model and year of manufacture?

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### 3.2 Who owns the vehicle?

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### 3.3 Date of purchase

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### 3.4 Is the vehicle used by people other than the participant?

[ ]  Yes

[ ]  No

### 3.5 For how many years will the participant have access to the vehicle?

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### 3.6 Is the vehicle second hand?

[ ]  Yes

[ ]  No

### 3.7 Is the vehicle already modified?

[ ]  No. Please go to the next question.

[ ]  Yes. Please tell us:

* the year the vehicle was modified
* the condition of the modification
* the original cost of the modification.

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### 3.8 Is the vehicle imported?

[ ]  Yes

[ ]  No

### 3.9 Please attach the following evidence:

* A copy of the vehicle’s current registration certificate.
* A signed letter from the vehicle owner that:
	+ shows the owner gives permission to make the vehicle modifications
	+ confirms the participant’s access to the vehicle.
* A vehicle condition report from a licensed vehicle modifier or certifier, providing details outlined in [Our Guideline - Vehicle modifications and driving supports: How old is your vehicle and is it under warranty?](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/vehicle-modifications-and-driving-supports) (if the vehicle is second hand, and/or already modified, over 5 years old and no longer under warranty).
* Evidence the modified vehicle will be legal and safe for you to use, and meets the requirements for registration in the state or territory of use.

## **Part 4 – Exploring the options**

Please outline information on options you considered and explored. This includes the use of other supports or approaches and the reasons why you didn’t consider them suitable.

Please describe up to 3 options, below.

Note: If the participant can transfer in and out of a wheelchair, consider options that allow this transfer first. For more information refer to [Our Guideline – Vehicle modifications and driving supports](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/vehicle-modifications-and-driving-supports).

### ****4.1 Option 1****

#### 4.1.1 Describe the features and functions of the vehicle modification.

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#### 4.1.2 Was this option trialled or considered?

[ ]  Trialled

[ ]  Considered

#### 4.1.3 If trialled, please describe where the trial took place and for how long.

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#### 4.1.4 Is this the preferred option?

[ ]  Yes.

[ ]  No. Please describe why you don’t consider this option suitable.

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#### 4.1.5 What is the cost of this option? Please include the cost of any training.

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**4.2 Option 2**

#### 4.2.1 Describe the features and functions of the vehicle modification.

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#### 4.2.2 Was this option trialled or considered?

[ ]  Trialled

[ ]  Considered

#### 4.2.3 If trialled, please describe where the trial took place and for how long.

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| Click or tap here to enter text. |

#### 4.2.4 Is this the preferred option?

[ ]  Yes.

[ ]  No. Please describe why you don’t consider this option suitable.

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#### 4.2.5 What is the cost of this option? Please include the cost of any training.

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### ****4.3 Option 3****

#### 4.3.1 Describe the features and functions of the vehicle modification.

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#### 4.3.2 Was this option trialled or considered?

[ ]  Trialled

[ ]  Considered

#### 4.3.3 If trialled, please describe where the trial took place and for how long.

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| Click or tap here to enter text. |

#### 4.3.4 Is this the preferred option?

[ ]  Yes.

[ ]  No. Please describe why you don’t consider this option suitable.

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#### 4.3.5 What is the cost of this option? Please include the cost of any training.

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## Part 5 – Recommendation for the preferred option

### **5.1 Describe the reason you recommend each modification component, for the preferred option.**

Include evidence to support this option as the most suitable to help the participant pursue their goals. Consider things like long term benefit, future needs, change to personal care support needs.

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### **5.2 Please attach the following evidence for the preferred option, if the modification is:**

* up to $15,000 – the indicative all-inclusive cost. This does not need to be an itemised quote, but please attach a quote if there is one.
* over $15,000 – at least one itemised quote.

Itemised quotes must show the cost of the individual components of the recommended modification.

### **5.3 Do you and the participant agree this recommended modification is the preferred option?**

[ ]  Yes.

[ ]  No. Detail what you disagree on.

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## Part 6 – Risks and safety

### 6.1 Participant seating in vehicle

Will the participant be travelling in a car seat or wheelchair?

[ ]  Wheelchair. Tell us whether the wheelchair meets safety requirements for use in a vehicle where the participant lives. Provide details of the headrest, technical details of crash testing of this model; compliant tie-down points/brackets; compliant use of the current or proposed vehicle occupant restraint system.

[ ]  Car seat. Describe the features of the standard or modified car seat and the relevant Australian Standard you have adhered to when assessing the seat, below.

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| Click or tap here to enter text. |

### 6.2 Will the wheelchair be stowed?

[ ]  Yes, by the participant

[ ]  Yes, by another person

[ ]  No

[ ]  Not applicable

### 6.3 Can the wheelchair be secured appropriately?

[ ]  Yes

[ ]  No

[ ]  Not applicable

### 6.4 Have you advised the participant of the requirements, relevant information and risks?

[ ]  Yes

[ ]  No

Please outline any issues identified during the trial and how they will be addressed.

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### 6.5 Factors that need to be addressed

Describe any other factors that need to be addressed to implement the vehicle modifications. For example, a behaviour support plan for use of a restrictive practice while travelling in the vehicle.

Include options to mitigate risk.

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| Click or tap here to enter text. |

### 6.6 Is there an immediate safety or other risk to the participant?

[ ]  No.

[ ]  Yes. Describe any short-term recommendations you identify to mitigate the risk.

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### 6.7 Additional features requested

Are there other features or items requested by the participant that aren’t related to their disability specific needs which may not 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 refer to [Our Guideline – Vehicle modifications and driving supports](https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/vehicle-modifications-and-driving-supports).

[ ]  No.

[ ]  Yes. Please describe these, including their cost.

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### 6.8 Does the participant agree to self-fund these items?

[ ]  Yes.

[ ]  No.

### 6.9 Repairs and maintenance

Will the owner have comprehensive vehicle insurance to cover repairs or replacement of the vehicle and vehicle modifications in the event of accidents or theft?

[ ]  Yes.

[ ]  No.

We may be able to help with the extra insurance costs because the vehicle has been modified.

Please confirm you have made the participant aware we don’t fund regular vehicle registration, insurance or running costs. Examples include fuel, servicing or repairs to the vehicle.

[ ]  Yes

## Part 7 – Assessor checklist

### 7.1 You have attached:

[ ]  A copy of the vehicle’s current registration certificate.

[ ]  A signed letter from the owner (if the owner is not the participant).

[ ]  A vehicle condition report.

[ ]  Evidence the modified vehicle will be safe to drive and safe and appropriate for the participant.

[ ]  Assessments showing the functional limitations of the participant’s disability, if you didn’t provide a summary in [Part 2](#_Part_2_–_1).

[ ]  An itemised quote for the recommended option, if over $15,000.

### 7.2 If the participant will be driving, you have also attached:

[ ]  A copy of the participant’s current driver licence.

[ ]  Driver trained occupational therapist report.

## Part 8 – Assessor declaration and details

### 8.1 Assessor’s declaration

[ ]  I certify that I meet the NDIA expectations of suitably qualified allied health professional to assess the type of AT and associated supports, at the level of complexity required by this participant. This includes understanding the current NDIS Act, NDIS Rules and Our Guidelines.

[ ]  I will provide appropriate evidence to the NDIA and NDIS Quality and Safeguards Commission if and as requested.

[ ]  I understand and acknowledge that the NDIA and the participant will rely on my professional advice to select, source and implement this AT.

[ ]  This AT has been assessed by the treating multi-disciplinary team and I have completed the AT assessment on behalf of that team.

### 8.2 Assessor details

|  |  |
| --- | --- |
| First and surname |  |
| NDIS Provider Registration number (if applicable) |  |
| Qualifications, if applicable. Please include your Driver Trained Occupational Therapist registration |  |
| Telephone number |  |
| Email address |  |
| Date of assessment (DD/MM/YYYY) |  |
| Date of report (DD/MM/YYYY) |  |

### 8.3 Vehicle modifier details

|  |  |
| --- | --- |
| First and surname |  |
| NDIS Provider Registration number (if applicable) |  |
| Qualifications |  |
| Telephone number |  |
| Email address |  |
| Date of assessment (DD/MM/YYYY) |  |
| Date of report (DD/MM/YYYY) |  |
| State/Territory where accredited |  |

## Part 9 – Participant consent

As a participant who requires assistive technology supports, we, the National Disability Insurance Agency (NDIA) may need to contact your AT assessor and / or AT supplier. This will be to discuss information about your assistive technology assessment and quotation(s).

This will assist us to determine whether your request for AT support(s) can be provided to you under the NDIS.

Do you consent to us, the NDIA, collecting and sharing your information including from these third parties mentioned above, in relation to your AT assessment and quotation?

[ ]  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 that I can access the [NDIA’s Privacy Notice and Privacy Policy](https://www.ndis.gov.au/about-us/policies/privacy#part-b-our-personal-information-handling-practices) on the NDIA website or by contacting the NDIA.

|  |  |
| --- | --- |
| Participant’s full name |  |
| Signature |  |
| Date (DD/MM/YYYY) |  |

### 9.1 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 |  |
| Relationship to the participant |  |
| Signature |  |
| Date (DD/MM/YYYY) |  |

## Part 10 – 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 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.**

**You can read the full policy on our** [privacy policy web page](https://www.ndis.gov.au/about-us/policies/privacy)**.**

**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.**