

SDA MODIFICATION REQUEST FORM

If you're looking to make changes to your property, we're here to guide you through the process. To ensure a smooth approval, please:

- Collect and attach the required documents.
- Familiarise yourself with Hume's 'SDA Participants Rights and Responsibilities Policy' [available on our website].
- Fill in this form completely and accurately.
- Submit the form and wait for approval.

What are Minor and Major Modifications?

While our SDA Program incorporates insights from NDIS home modification guidelines, it's crucial to note the distinction between the two. In the NDIS framework, participants are funded either for home modifications or SDA, not both. Given this differentiation and the unique nature of our SDA program, our minor and major home modification criteria are adapted to suit the requirements of SDA participants and assessed case by case. Furthermore, as we are often the lessor, not the owner, of many of our homes, approval for any structural or major modifications must align with our lease and contractual agreements.

- Minor Modifications are straightforward, non-structural changes with a relatively low risk and cost, generally under \$20,000. Examples: simple ramps, ramp rails, minor carpentry works, etc.
- Major Modifications are tailored, structural alterations or those costing over \$20,000. Examples include permanent ramps, structural bathroom alterations, and load-bearing wall changes.

Standard Modification Request - Documents Required

<p>Minor Modifications</p> <p>Documents Required</p>	<ul style="list-style-type: none"> ○ Medical Report (only information that directly ties the customers disability to the need for the modification) ○ Supporting summary from SIL provider (a summary on how the modification would assist in daily care or support) ○ Completed and Signed Modification Request <p>Note – all documentation must be provided by the SIL provider and approved by Hume before proceeding with the requested modification/s.</p>
<p>Major Modifications</p> <p>Documents Required</p>	<ul style="list-style-type: none"> ○ Medical Report (only information that directly ties the customers disability to the need for the modification). Written report from an Occupational Therapist or Behaviour Specialist (current) (only information that directly ties the customers disability to the need for the modification). ○ Support Letter from SIL provider (A signed statement on how the modification would assist in daily care or support) ○ Complete and Signed Modification Request ○ Any other supporting documents relevant to the customers disability and need for home modification. <p>Note – all documentation must be provided by the SIL provider and approved by Hume before proceeding with the requested modification/s.</p>

Restricted Practices Modification Request: Essential Documentation

In our commitment to ensure the safety and well-being of our SDA customers, we acknowledge that some modifications may restrict an individual’s access or movement within their environment. Restricted practices are carefully regulated actions designed to ensure safety, but they also can limit an individual's freedoms:

- **Environmental Restraint:** A modification that limits an individual's free movement or access within their living space or to certain items/activities.
- **Seclusion:** The act of isolating an individual in a specific room or space, where they cannot leave of their own volition, either because it’s physically impossible or implied they shouldn’t.

For a comprehensive understanding and guidance on these practices, please refer to the NDIS Commission on Regulated Restrictive Practices.

We require clear documentation to assess these modification requests, ensuring they are in the best interests of the individual while balancing their rights to freedom and independence.

<p>Minor and Major Modifications</p> <p>Documents Required</p>	<ul style="list-style-type: none"> ○ Behaviour Support Plan identifying the customer’s restrictive practice/s (the plan is to be dated within the last 12 months and signed by the Behaviour Support Clinician). ○ Written approval from the customer/customer’s consent provider for the restricted practice/s (current). ○ SIL Provider’s Restrictive Practice Panel Authorisation documentation with current approval sign off. <p>Note – all documentation must be provided by the SIL provider and checked off by Hume before proceeding with the requested modification/s.</p>
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Modification Details

Modification Type – General/Restrictive Practice:

Customer Name(s):

Property Address:

Contact Details:

Consent Provider:

Modification Type	
Modification request rationale.	
Restrictive Practice Modification request rationale.	
Description of modification's required to the property (e.g. – Handrail to be installed to the bath, locks on cabinet):	
<p>If changes impact common areas, all customers and their guardians should be consulted.</p> <p>Have discussions taken place? Yes/No</p>	

Customer agrees to the following upon vacating:	<input type="radio"/> Modification to be left in the property, as a product of Hume Housing <input type="radio"/> Modifications to be removed
Additional Comments:	

Please obtain signatures from the following:

Customer/Guardian Name:	
Customer/Guardian Signature:	
Frontline Manager:	
Frontline Manager Signature:	
Senior Manager Name:	
Senior Manager Signature:	
Date:	

Please complete this section for Restricted Practice Modification Requests

<p>Has this gone to RPA Panel?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Is it Interim or approval RPA?</p>	<p><input type="checkbox"/> Interim</p> <p><input type="checkbox"/> Approved</p>
<p>RPA Approval Dates:</p>	<p>Start</p> <p>End</p>
<p>NDIS Quality & Safeguards Outcome ID:</p>	
<p>Additional Comments:</p>	
<p>Guardian Name:</p>	
<p>Guardian Signature:</p>	
<p>Date:</p>	

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<p>Note – all documentation must be provided by the SIL Provider and checked off by Hume before proceeding with the requested modification/s.</p>	
<p>Minor or Major Modification?</p>	<p>Documents Required – Medical</p> <p><u>Minor Modification</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed and Signed Modification Request form <input type="checkbox"/> Written report from: Doctor / Health Care Professional <p><u>Major Modification</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete and Signed Modification Request form <input type="checkbox"/> NDIA Support Package Details <input type="checkbox"/> Written report by an Occupational Therapist or Specialist <input type="checkbox"/> Other supporting documents <input type="checkbox"/> If RPA, complete fields with relevant information and signed by Guardian
<p>Customer agrees to complete one the following upon vacating: (please tick)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Modifications to be left at premises as property of Hume <input type="checkbox"/> Modifications will be removed
<p>Minor modifications required and documents supplied by the customer</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completed and signed Modification Request <input type="checkbox"/> Medical Certificates <input type="checkbox"/> Written report from Doctor and/or Health Care Professional
<p>Major modifications required and documents supplied by the customer</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completed and signed Modification Request <input type="checkbox"/> Medical Certificates <input type="checkbox"/> Written report from Doctor and/or Health Care Professional <input type="checkbox"/> NDIS Support Package Details <input type="checkbox"/> Other Supporting Documentation

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Note – all documentation must be provided by the SIL provider and checked off by Hume before proceeding with the requested modification/s.

<p>Minor and Major Modification.</p>	<p style="text-align: center;">Documents Required – Restrictive Practice/s</p> <ul style="list-style-type: none"> • Environmental restraint restricts a person’s free access to all parts of their environment, including items or activities. • Seclusion is the sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented or not facilitated, or it is implied that voluntary exist is not permitted. <p style="text-align: center;">https://www.ndiscommission.gov.au/regulated-restrictive-practices</p> <p style="text-align: center;"><u>Minor and Major Modification</u></p> <ul style="list-style-type: none"> • Positive Behaviour Support Plan defining the customer’s restrictive practice/s (the plan is to be dated within the last 12 months) • Written approval from the customer’s consent provider for the restricted practice/s (current) • SIL Provider’s Restrictive Practice Panel Authorisation documentation (with current approval sign off)
<p>Customer agrees to complete one the following upon vacating: (please tick)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Modifications to be left at premises as property of Hume <input type="checkbox"/> Modifications will be removed
<p>Minor modifications required and documents supplied by the customer</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completed and Signed Modification Request Form <input type="checkbox"/> Positive Behaviour Support Plan defining the customer’s restrictive practice/s (the plan is to be dated within the last 12 months) <input type="checkbox"/> Written approval from the customer’s consent provider for the restricted practice/s (current) <input type="checkbox"/> SIL Provider’s Restrictive Practice Panel Authorisation documentation (with current approval sign off)

<p>Major modifications required and documents supplied by the customer</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completed and Signed Modification Request Form <input type="checkbox"/> Medical Certificates <input type="checkbox"/> Written report from an Occupational Therapist or Specialist <input type="checkbox"/> NDIA Support Package Details <input type="checkbox"/> Other Supporting Documentation
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<p>Endorsement:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Approved <input type="checkbox"/> Not approved
<p>Senior Manager, Housing for People with Disability</p>	
<p>Senior Manager Signature:</p>	
<p>Date:</p>	