



**Australian Government**

**Comcare**

# CLAIM FOR ALTERATIONS TO A PLACE OF RESIDENCE/WORK OR MODIFICATIONS TO A VEHICLE/ARTICLE

## ELIGIBILITY CRITERIA REQUIRED TO CLAIM FOR ALTERATIONS OR MODIFICATIONS

To be eligible to claim for an alteration to a place of residence or work, or modifications to a vehicle or article under section 39 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) an employee must:

- > be undertaking a rehabilitation program, or
- > have completed a rehabilitation program, or
- > have been assessed as not capable of undertaking a rehabilitation program.

If you are unsure if you meet the above criteria please contact your Claims Services Officer on 1300 366 979.

If you meet the above eligibility criteria and wish to claim for alterations to a place of residence or work, or modifications to a vehicle or article as a result of an impairment associated with your compensable condition, please complete this form with your treating practitioner and attach all relevant documents.

Please send the completed form and a quote or invoice for the claimed alteration or modification to Comcare for consideration:

By mail: Comcare  
GPO Box 9905  
CANBERRA ACT 2601

By email: [general.enquiries@comcare.gov.au](mailto:general.enquiries@comcare.gov.au)

By facsimile: 1300 196 971

Please note, Comcare may require additional information from you and your treating practitioner or arrange for an occupational therapist to assess your needs in relation to your compensable condition.

If you are requesting an alteration to a rental property or a vehicle not owned by you, you will need to provide written agreement from the owner to Comcare.

Comcare may also request you to provide additional written quotes. You will be notified of any additional requirements for the assessment of your claim.

## DISCLOSING AND SHARING OF INFORMATION

Comcare is authorised by the SRC Act to collect personal information relevant to an employee's claim for the purposes of managing the compensation claim and for the management of the employee's rehabilitation and the discharge of other functions and use of other powers under the SRC Act.

For those purposes, Comcare may need to collect from and use and disclose your personal information to the following parties:

- > your employer at the date of your injury, your current employer and any subsequent employer
- > your superannuation fund manager or trustee
- > any health professional, hospitals, other health institutions, or service providers related to your claim
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisors and law enforcement authorities
- > personnel engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > Comcare fraud investigators
- > inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury, illness or impairment
- > any other person assisting Comcare in the performance of its functions or exercise of its powers
- > any other entity where there is a legal obligation to do so (for example, but not limited to, responding to the direction of a Court to produce documentation).

## PRIVACY INFORMATION

Your privacy is important to us. For information about how we handle your personal information, please visit [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy) or contact us on 1300 366 979 and request a copy of our Privacy Policy.

### PART A: EMPLOYEE'S DETAILS

Comcare claim reference number (if known)	<input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Residential address	<input type="text"/>
	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
Date of injury	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

## CLAIM FOR ALTERATIONS

1. Accepted condition for which you are claiming the alteration or modification

2. Details of the alteration or modification claimed for (Please attach a separate letter if there is insufficient space)

3. The expected length of time you have been advised by a service provider for the alteration/modification to be completed

4. Is the alteration of your residence/work place, or, modification of your vehicle/article you are claiming one that has been previously approved by Comcare?

Yes  No

If Yes, continue to question 5. If No, go to 'Employee's Declaration'

5. Is the requested alteration you are now claiming an alteration to the same place of residence, or, modification of the same vehicle/article?

Yes  No

If Yes, continue to question 6, if No, go to 7 'Employee's Declaration'.

6. Have you disposed of the place of residence for which the previously paid alteration was approved, or, the vehicle/article for which the previously paid modification was approved?

Yes  No

If yes, please provide:

Method of disposal (e.g. sold)

Date of disposal

Day

Month

Year

Amount of monies/proceeds received as a result of the disposal

## EMPLOYEE'S DECLARATION

I declare that:

- > the information I have supplied on this form and any other documents attached is true and accurate
- > I am aware that the making of a false or misleading claim or false or misleading statement in support of that claim is punishable by law under the *Criminal Code Act 1995* and, in that event, I may be liable for prosecution
- > I am aware that any monies paid by Comcare as a result of a false or misleading statement or claim will be recovered.

Signature

Date

**PART B: TREATING PRACTITIONER TO COMPLETE**

1. The nature of the impairment for which you are recommending the alteration or modification

2. Reason the alteration or modification is required in relation to the impairment and the expected benefits.

3. Is the impairment permanent or likely to remain for a long period of time? Please provide details.

4. Could the employee's functional requirement be met by some other means? Please provide details.

5. Do you consider this alteration/modification is required as a result of the compensable condition, or, is the requirement due to non-compensable reasons?

**TREATING PRACTITIONER'S DETAILS**

Name

Address

Phone (    )  Fax (    )

Qualifications

Specialty

Provider number

Signature  Date  /  /