



Australian Government  
Department of Veterans' Affairs

# Scooter/EWC Assessment Form

## RAP Mobility & Functional Support Products

Provider Hotline: 1300 550 457 (metro) 1800 550 457 (country) - choose Option 1 for Aids & Appliances provided under the Rehabilitation Appliances Program (RAP).

This form is to be used for requesting items through the Rehabilitation Appliances Program. For prior approval items, please attach clinical justification or use DVA specified forms.

The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA, and companies authorised by DVA to deliver products, for determining and/or providing benefits under the *Veterans' Entitlements Act 1986*. The information will be treated in a confidential manner. However, in certain circumstances it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

**Supplier choice:** ☐ Aidacare ☐ Allianz Global Assistance ☐ Country Care Group ☐ Invacare ☒ BrightSky (formerly ParaQuad)

### Provider Details

☐ OT ☐ Other (Specify Profession)

**Provider Stamp (if applicable)**

Name

Provider number

Employer

Address

POSTCODE

Phone number

Fax

Phone number

E-mail

### Entitled Person/Delivery Details

Surname

Given name(s)

Date of birth

DVA file number

Gender

☐ Male

☐ Female

Card type

☐ Gold

☐ White - please contact DVA to check eligibility under the client's Accepted Disability(ies). Please call **1300 550 457** (as above).

Does the entitled person live in a Residential Aged Care Facility?

☐ No

☐ Yes

- ACFI Classification not yet assigned

ACFI Classification:

Does the ACFI classification contain one high domain or two or more medium domain categories?

☐ No

☐ Yes - (Refer to DVA)

Does the entitled person receive help under Home Care Package Level 4 (formerly EACH)?

☐ No

☐ Yes

- please contact DVA

Entitled person's contact phone number and alternate contact number

[ ]

Alt.

[ ]

Residential address

POSTCODE

Name  File No.

Delivery address (if different to above)

POSTCODE

**NOTE: The veteran's eligibility for a scooter must be established by DVA as a reduction in functional mobility resulting from an Accepted Disability (AD), before proceeding with this assessment.**

### These items require DVA Prior Approval

Refer DVA RAP National Guidelines for Electric Mobility Aids, [www.dva.gov.au](http://www.dva.gov.au)

**1: Relevant medical history**


**2: Height**

Cm

**3: Weight**

Kg

**4: Mobility**

Actual distance the entitled person can walk

metres

**5: Is mobility likely to improve with time or alternative aid (e.g. post THR)?**

☐

No

☐

Yes

**6: Please describe mobility indoors AND outdoors (include mobility aids used).**

Equipment


**7: Please describe upper limb AND lower limb function (dexterity, strength, co-ordination, range of movement, balance).**


**8: Please describe vision**


**9: Hearing:**

☐

Normal

☐

Impaired

Hearing aid?

☐

No

☐

Yes

☐

Left ear

☐

Right ear

☐

Both

Name  File No.

**10: Cognitive ability** (*consider memory, orientation, perceptual skills, response time*).

Comment on standardised cognitive assessments if appropriate


**11: Social situation/Domicile:**  
(Please tick appropriate box)

☐ Lives alone   ☐ Spouse   ☐ Other family   ☐ Friend   ☐ Hostel  
☐ Home/Unit   ☐ Retirement village   ☐ Nursing home

Home ownership:

☐ Owner   ☐ Rents   ☐ Other

Comments


Spouse/carer/family/community services able to assist with use of mobility aid/  
community access?

☐ No

☐ Yes ► Please provide details


**12: Beneficiary's ADL:**

	<i>Independent</i>	<i>Assistance</i>	<i>Dependent</i>	<i>Equipment used</i>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (*inc. shopping, housework, laundry, taking out garbage etc.*)


Name

File No.

**13: Reasons for assessment**  
(Refer to Scooter and EWC Guidelines)

	1.	2.	3.
Functional Criteria	Severe reduction in mobility <input type="checkbox"/>	Cannot use wheelchair <input type="checkbox"/>	Carer unable to push wheelchair <input type="checkbox"/>
Social Criteria	Reduce social isolation <input type="checkbox"/>	Will reduce dependence on carer <input type="checkbox"/>	Reduce need for institutional/community care <input type="checkbox"/>
Other	<input type="text"/>		

**14: What transport does the veteran currently use to access the community** (comment on frequency of outings and destinations)?

  


Does the veteran drive?

☐ No

☐ Yes ► Does the veteran have a restricted license? ☐ No ☐ Yes

Is there a history of driving accidents? ☐ No ☐ Yes

Does the carer drive? ☐ No ☐ Yes

Does/could the veteran have a taxi voucher? ☐ No ☐ Yes

Does the veteran receive Recreational Transport Allowance? ☐ No ☐ Yes

NOTE: DVA will not fund hoists, ramps or trailers required for transportation for the motorised aids.

Comments

  
  
  


**15: Veteran's requirements for the Scooter/EWC:**

Home: ☐ Internal ☐ External

For what functional purpose will the vehicle be used?

Intended usage of scooter (comment on proposed destinations and frequency)

  
  
  


Continued next page...

Name

File No.

Community access:

☐

Immediate neighbourhood

☐

Shopping centre

Other

Distance to be travelled per day

Terrain (*please tick*)

☐

Steep > 1:8

☐

Sloped 1:8

☐

Level

☐

Uneven

☐

Even

☐

Footpath

☐

Road

☐

Grass

☐

Sealed path

☐

Unsealed path

Will access ramps be required?

☐

No

☐

Yes

NOTE: DVA will not fund ramps for scooter access.

Comments

  
  

## 16: Storage and maintenance:

NB: it is the responsibility of the veteran to provide a secure storage site.

Storage site

NOTE: An extension lead of 3 metres can be used, but it must remain in the same building (AS 3000).

Is the area lockable and waterproof?

☐

No

☐

Yes

Does the veteran/carer understand:

Recharging requirements?

☐

No

☐

Yes

General maintenance?

☐

No

☐

Yes

Protocol for repairs?

☐

No

☐

Yes

Will the veteran be provided with a vehicle handbook and local supplies details?

☐

No

☐

Yes

Continued next page...

Name

File No.

Comments

OT Prescriber signature



Date

/ /

**Proceed to trial ONLY AFTER being contacted by RAP/OT Advisers**

Name

File No.

## Scooter/EWC Trial form

Proceed to trial **ONLY AFTER** being contacted by RAP/OT Advisers

### Initial Trial Results of Assessment

Date of assessment

/  /

**1: Has the veteran operated a scooter/EWC previously?**

☐

No

☐

Yes

**2: Location of trial (please tick):**

Residence:

☐

Indoors

☐

Outdoors

☐

Storage area

Community:

☐

Shops

☐

Health site

☐

Other

### SCOOTER/ELECTRIC WHEELCHAIR

**3: Was the veteran safely able to:**

No

Yes

Sometimes

Comments

Use speed controls

☐☐☐

Use other controls  
(brake, indicators)

☐☐☐

View battery level  
indicator

☐☐☐

*Drive in:*

Straight line

☐☐☐

Reverse

☐☐☐

Turning left & right  
on cue

☐☐☐

U turn

☐☐☐

3-Point turn

☐☐☐

Was a helmet worn during the trial?

☐

No

☐

Yes

Further comments

Continued next page...

3: Was the veteran safely able to: <i>continued..</i>	Negotiate:	No	Yes	Sometimes	Comments
	Narrow paths or doorways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Cross roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Rough ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Other vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Slopes/curbed ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Observe road rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	Ability to turn head to scan for hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>
	A bilateral mirror is required				
Trunk/head supports required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div> <div></div>	
Further comments					
<div></div> <div></div> <div></div> <div></div> <div></div>					



Name

File No.

3: Was the veteran safely able to:  
continued..

Judge space and distance

No

Yes

Sometimes

Respond in appropriate time

No

Yes

Sometimes

Use horn appropriately

No

Yes

Sometimes

Remember to turn on/off machine

No

Yes

Sometimes

Remain non-distracted

No

Yes

Sometimes

Maintain appropriate behaviour

No

Yes

Sometimes

Was veteran able to safely transfer on/off vehicle?

No

Yes

Sometimes

Comment on attention, concentration, memory, follow directions

4: Is further OT training recommended?

No

Yes

Comments

Name  File No.

**5: Vehicles tested**

(2 - 3 vehicles should be trialled  
if practicable)

	Name	Trial date	Supplier	Cost	Maximum speed of vehicle	Maximum weight of vehicle
1	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> \$	<input type="text"/>	<input type="text"/>

**6: Vehicles choice at completion of  
assessment:**

Name

Specifications (e.g. flag)

  

Helmet details (where applicable)

Reasons for choice

  
  

**7: Is the veteran aware of  
their responsibilities to organise  
comprehensive insurance for  
public liability and damage to  
the vehicle?**

☐ No ☐ Yes

NOTE: Personal Injury Insurance is advisable.

**8: OT Prescriber signature**

Date

 /  / 

Please Fax this completed form to Unicare Health.  
Fax: 08 9350 5299

SAVE

PRINT

CLEAR