# Assessment template – Complex home modifications

Please complete this assessment template for complex home modification supports if you are a 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 minor home modifications (generally lower risk, non-structural, and under $20,000 for most parts of Australia), please complete the [Assessment template – Minor home modifications](https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-home-modifications#assessment-template).

## Notes about complex home modifications

Complex home modifications are custom-built changes that are either structural or over $20,000 (higher if in remote areas) to a home. They are higher risk and/or higher cost than minor home modifications.

Examples of complex home modifications include:

* permanent ramps that cost over $10,000 and need building permit approval
* structural modifications to a bathroom, including changing the floor to create a stepless shower
* removing or changing load-bearing walls.

## Notes for home modification assessors

* Complex home modifications must be assessed by a home modification assessor, which is an occupational therapist who is qualified to recommend more detailed home modification supports.
* 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1 – Participant and Plan Management Details** | | | | | | | |
| **1.1 NDIS Participant Details** | | | | | | | |
| Name | | | Click or tap here to enter text. | | | | |
| Date of Birth | | | DD/MM/YYYY | | | | |
| Age | | | Click or tap here to enter text. | | | | |
| 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 | | | Click or tap here to enter text. | | | | |
| Preferred Contact Method | | | Click or tap here to enter text. | | | | |
| Nominee or Guardian Name | | | Click or tap here to enter text. | | | | |
| Nominee or Guardian Phone | | | Click or tap here to enter text. | | | | |
| NDIS Support Coordinator | | | Click or tap here to enter text. | | | | |
| Contact Details | | | Click or tap here to enter text. | | | | |
| Date of Assessment | | | Click or tap here to enter text. | | | | |
| Date of Report | | |  | | | | |
| **1.2 Plan Management Details** | | | | | | | |
| Agency Managed | | | Click or tap here to enter text. | | | | |
| Self-Managed | | | Click or tap here to enter text. | | | | |
| Registered Plan Management Provider | | | Click or tap here to enter text. | | | | |
| Contact Details | | | Click or tap here to enter text. | | | | |
|  | | | | | | | |
| **PART 2 – Assessment** | | | | | | | |
| **2.1 Background** | | | | | | | |
| General: Describe participant’s current status which may include diagnosis, prognosis, co-existing conditions, disability, personal and instrumental activities of daily living, formal and informal support arrangements and life transitions. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **2.2 Participant Goals** | | | | | | | |
| If the participant’s NDIS plan has been made available, you can refer to the statement of participant’s goals and outline those relevant to the home modification solution. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **2.3 Functional Assessment** | | | | | | | |
| Outline the specific functional limitation/s related to the participant’s disability that indicate the need for the home modification as below:   * Current functional status, including functional outcomes on discharge if hospitalised, outlining anticipated optimum level of independence and participation in personal care and domestic activities within the home * Details of any formal personal support / informal support and the impact of the proposed complex home modification that the participant requires to perform activities of daily living. * Comment on the impact of any other non-disability related issues on the participant’s functioning. Consider whether assistive technology, additional capacity building supports would enable the participant to maximise their independence. * Consider the social and economic participation and the location of the participant’s home from their activities. | | | | | | | |
| **2.3.1** Frequency of use of proposed modification. | | | | | | | |
| Continuously / multiple times each day | | Click or tap here to enter text. | | | | | |
| Several times weekly | | Click or tap here to enter text. | | | | | |
| Other, provide details: | | Click or tap here to enter text. | | | | | |
| **2.3.2** Is the Participant / Nominee in agreement with this home modification request? Please describe. | | | | | | | |
| Yes | | Click or tap here to enter text. | | | | | |
| No | | Click or tap here to enter text. | | | | | |
| Comment | | Click or tap here to enter text. | | | | | |
| **2.3.3** Findings from functional assessment | | | | | | | |
| **Assessment Area** | **Current Status** | | | **Expected future level of independence** | | | |
| Mobility (Including the ability to use stairs and ramps) | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Transfers, consider bed, chair, toilet and car. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Mobility aids, consider typical footprint and circulation space required for wheelchairs | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Upper limb / Hand function and reach | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Lifting and carrying capacity | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Functional cognitive status | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Other general safety issues | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
|  | | | | | | | |
| **Personal ADL** | **Current Status** | | | **Expected future level of independence** | | | |
| Toileting | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Dressing | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Showering/bathing | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Grooming |  | | |  | | | |
| Other | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Domestic ADL** | **Current Status** | | | **Expected future level of independence** | | | |
| Meal preparation | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Cleaning | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Laundry | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Other | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
|  | | | | | | | |
| **Community Activities / Access** | **Current Status** | | | **Expected future level of independence** | | | |
| Recreation and leisure | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Driving and/or transportation in vehicle/cars | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| Work and study issues | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **PART 3 – Property Details** | | | | | | | |
| **3.1 Home ownership** | | | | | | | |
| **3.1.1** Please indicate the ownership status of the property being assessed. Where ownership is other than the participant, provide more details, e.g. name of real estate agency and contact number | | | | | | | |
| Participant owned | Click or tap here to enter text. | | | | | | |
| Co-owned | Click or tap here to enter text. | | | | | | |
| Private rental | Click or tap here to enter text. | | | | | | |
| Public rental / housing | Click or tap here to enter text. | | | | | | |
| Family owned | Click or tap here to enter text. | | | | | | |
| **3.1.2** Has the property had previous modifications funded by the NDIA? If ‘yes’, please outline previous modifications completed | | | | | | | |
| Yes | Click or tap here to enter text. | | | | | | |
| No | Click or tap here to enter text. | | | | | | |
| Details of previous modifications | Click or tap here to enter text. | | | | | | |
| **3.1.3** Is the owner of the property aware of and provided written authorisation for the potential modifications? | | | | | | | |
| Yes | Click or tap here to enter text. | | | | | | |
| No | Click or tap here to enter text. | | | | | | |
| **3.2 Structure of property** | | | | | | | |
| Please describe the construction type, e.g. brick or weatherboard, colour bond or tiled roof, approximate age or era, concrete slab or timber stumps. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **3.3 Description of property** | | | | | | | |
| Please describe the layout and size, e.g. 3 bedroom residence with central bathroom and two living areas, single garage, porch at front and back entrances, medium sized home = approx 20 square metres, block size approx 500 – 600 square metres, level block, etc. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **3.4 Special Conditions** | | | | | | | |
| Please outline any special conditions or considerations, e.g. heritage listed. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
|  | | | | | | | |
| **PART 4 – Social Situation** | | | | | | | |
| **4.1 Social Circumstances** | | | | | | | |
| Detail the participant’s living arrangements, social background, relationship status and other information relevant to the need for home modifications. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **4.2 Hospitalisation or Inpatient** | | | | | | | |
| If currently an inpatient, please outline which hospital, the current discharge plan and describe any interim arrangements while complex home modifications are completed such as short term accommodation. Describe other assistive technology as appropriate. | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Anticipated discharge date | Click or tap here to enter text. | | | | | | |
| Discharge plan details/Comments | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **4.3 Proposed living arrangements (including post-discharge, where appropriate)** | | | | | | | |
| Comments in this section will relate to decisions that have been made about where and who the participant will live with and how long it is expected they will reside in the house which is being considered for modification. Detail the participant’s expected long-term household/social situation and household supports as well as the participant’s current family support and any known future plans or changes to this. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
|  | | | | | | | |
| **PART 5 – Complex Home Modification Recommendations** | | | | | | | |
| **5.1 Modification Details** | | | | | | | |
| You should detail the participant’s existing home environment and provide clinical evidence for all home modification recommendation(s). Recommended specifications for access must be consistent with The NDIA document “Guidance for Builders and Designers” unless specifically referenced as an ‘exception’.  You must include:   * Recommendations, having considered all reasonable options * Recommendations should reflect consideration of the requirements of the legislation to pay for the reasonable costs of home modifications required as a result of the participant’s disability. * Clinical evidence for each aspect of your recommendations. * Specific details to ensure recommendations for home modifications are comprehensive and meet the participant’s home modification needs * Where relevant, details of any related modifications or equipment currently being used by the participant * Where appropriate, provide diagrams and/or digital photographs of the home areas requiring modification * Note the participant’s or family preferences separately to the assessor’s recommendations where applicable * Under each area/room requiring modification below, please detail any changes required to door widths, fixtures, fittings, floor coverings etc. * Recommendations comply with relevant Australian Standards | | | | | | | |
| *Example Bathroom* | | | | | | | |
| *N/A* |  | | | | | | |
| *Current Situation* | *Existing bathroom has a shower over the bath and there is no other wheelchair accessible bathroom in the home.* | | | | | | |
| *Recommendations* | *Removal of bath and installation of a level-entry shower recess with hand-held shower hose.* | | | | | | |
| *Priority* | *1* | | | | | | |
| *Clinical Evidence* | *The client is wheelchair dependent for all mobility and requires use of a mobile shower commode to enable them to shower independently, with no further change in mobility status anticipated.* | | | | | | |
| **5.2 Externals** | | | | | | | |
| 5.2.1 Front Access | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.2.2 Other Access | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.2.3 Car Parking | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| **5.3 Internals** | | | | | | | |
| 5.3.1 Bedroom  Suitable for participant to use (preferably located on ground floor). Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches where applicable | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.3.2 Living Area  Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, circulation space where applicable | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.3.3 Hallway  Internal steps to enable access to a suitable bedroom and bathroom. Please include doorways, flooring, lights, fixtures/fittings, door handles, light switches and width of corridors where applicable | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.3.4 Bathroom/Toilet  Bathroom/toilet that would be suitable for participant to use (preferably located on ground floor). Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, shower hose, etc. where applicable. Describe if combined or separate. | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.3.5 Kitchen  Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, etc. where applicable | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.3.6 Laundry  Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, etc. where applicable | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| 5.3.7 Other/not included above | | | | | | | |
| N/A | Click or tap here to enter text. | | | | | | |
| Current Situation | Click or tap here to enter text. | | | | | | |
| Recommendations | Click or tap here to enter text. | | | | | | |
| Priority | Click or tap here to enter text. | | | | | | |
| Clinical Evidence | Click or tap here to enter text. | | | | | | |
| **5.4 Heating and Cooling** | | | | | | | |
| Please note, this modification applies only to participants with medically diagnosed thermoregulation impairment. Please provide details of current heating and cooling systems**.** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **5.5 Staged Process** | | | | | | | |
| Is a staged process for building modifications appropriate? Yes or No? | | | | | Click or tap here to enter text. | | |
| e.g. first stage is to enable access for safe discharge from hospital and short term accommodation. The second stage is modifications to enable the participant to transition to long-term accommodation. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **5.6 Exception to Disability Standards** | | | | | | | |
| Please note in most cases compliance with Australian Standard 1428 Design for Access and Mobility Part 1 (General) (AS 1428.1) is not required but are examples of best practice. Users of this template need to ensure they understand the relevant building codes, standards and regulations that relate to the state and location where the modification is planned. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **PART 6 – Complex Home Modification Quotes** | | | | | | | |
| Please attach information from relevant builders, building project management meetings or relevant scope of works documents | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **PART 7 – Details of Assessor** | | | | | | | |
| **DECLARATION** (indicate all relevant sections that apply) | | | | | | | |
| I certify that I meet the NDIA expectations of AT assessor suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the complex home modification supports at the level of complexity required by this participant. | | | | | | Click or tap here to enter text. | |
| I will provide appropriate evidence to the NDIA and/or Quality and Safe Guards Commission if and as requested. | | | | | | Click or tap here to enter text. | |
| I understand and acknowledge that the NDIA and participant will rely on my professional advice to select, source and implement this assistive technology. | | | | | | Click or tap here to enter text. | |
| This assistive technology has been assessed by the treating multi-disciplinary team and I have completed the AT assessment on behalf of that team. | | | | | | Click or tap here to enter text. | |
| **Assessor’s Details** | | | | | | | |
| Name | Click or tap here to enter text. | | | | | | |
| NDIS Provider Registration number (where applicable) | Click or tap here to enter text. | | | | | | |
| Phone | Click or tap here to enter text. | | | | | | |
| Email | Click or tap here to enter text. | | | | | | |
| Signature | Click or tap here to enter text. | | | | | | |
| Qualification | Click or tap here to enter text. | | | | | | |
| Date of Assessment | DD/MM/YYYY | | | | | | |
| Date of Report | DD/MM/YYYY | | | | | | |
| **Review by Building Construction Professional** (as applicable) | | | | | | | |
| Name | Click or tap here to enter text. | | | | | | |
| NDIS Provider Registration and/or Builder Registration | Click or tap here to enter text. | | | | | | |
| Phone | Click or tap here to enter text. | | | | | | |
| Email | Click or tap here to enter text. | | | | | | |
| Signature | Click or tap here to enter text. | | | | | | |
| Qualification | Click or tap here to enter text. | | | | | | |
| Date of review by Building Construction Professional | DD/MM/YYYY | | | | | | |
| Indicate where this report has been developed in consultation with a Building Construction Professional. The recommendations contained herein are viable for this property (including construction risks e.g. asbestos) and are proposed as the most suitable of all reasonable alternatives. | | | | | | |  |
| **PART 8 – Consent to Collect and Share Your Information** | | | | | | | |
| **For the participant to complete**  As a participant who requires home modification and/or assistive technology supports, the National Disability Insurance Agency (NDIA) may need to contact your service providers, health and medical practitioners to discuss information within your assistive technology assessment and quotation(s). This will assist the NDIA with determining whether your request for assistive technology funded support(s) can be provided to you under the NDIS.  If you choose not to provide this consent, this may extend the time required in considering this request for assistive technology supports to be included in your NDIS plan. | | | | | | | |
| Do you consent to the NDIA collecting and disclosing your information including from these third parties mentioned above, in relation to your assistive technology assessment and quotation? | | | | | | | |
| Yes, I consent | | Click or tap here to enter text. | | | | | |
| No, I do not consent | | Click or tap here to enter text. | | | | | |
| Participant’s Signature When I sign this form: | | | | | | | |
| I understand that I am giving consent to the NDIA to do the things with my information set out in this section. I understand that I can withdraw my consent for the NDIS to do things with my information at any time by letting the NDIA know. | | | | | | Click or tap here to enter text. | |
| I understand that I can access the NDIA’s Privacy Notice and Privacy Policy on the [NDIA website](https://www.ndis.gov.au/about-us/policies/privacy) or by contacting the NDIA. | | | | | | Click or tap here to enter text. | |
| Signature | | Click or tap here to enter text. | | | | | |
| Date | | Click or tap here to enter text. | | | | | |
| Full name | | Click or tap here to enter text. | | | | | |
| **If you have signed this Form on behalf of the NDIS participant**, please complete the details below. 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 person. | | | | | | | |
| Signature | | Click or tap here to enter text. | | | | | |
| Date | | DD/MM/YYYY | | | | | |
| Full Name of person completing this form (please print): | | Click or tap here to enter text. | | | | | |
| Relationship to participant or person wishing to become an NDIS participant: | | Click or tap here to enter text. | | | | | |