

Home modification functional assessment report



Who should complete this form:

- This form should be completed by a NIISQ registered home modifications adviser after a home assessment has been performed by the adviser (see: home modifications guideline)

Before using this form:

- Review the participant's goals which relate to access to their residence.
- Receive written approval for a home assessment from a Support Planner **before** completing a home assessment and this home modification functional assessment report
- If you require input from a NIISQ registered building project manager, builder, or other provider, ensure that you have contacted the participant's support planner and have discussed the need for further input or advice, and that you have received written confirmation from a support planner that the NIISQ Agency will fund associated costs.

How to use this form:

- Ensure that the home assessment and completed functional assessment report is consistent with the participant's goals (if you do not have this information contact the participant's support planner)
- Consider alternatives, including modification of technique and/or equipment, prior to providing home modification recommendations.
- Include photographs of any areas of the property or home requiring modifications.
- Provide reasons if you are unable to complete a section, as incomplete forms will be returned.
- For more information, questions or concerns, contact the participant's support planner
- Completed reports to be emailed to the participant's NIISQ Support Planner and cc: modifications@niis.qld.gov.au.

SECTION 1

PARTICIPANT INFORMATION

Date	<input type="text"/>	Participant case number	<input type="text"/>
Participant name	<input type="text"/>		
Date of accident	<input type="text"/>	Date of birth	<input type="text"/>
Accident-related injuries	<input type="text"/>		
Pre-accident health history	<input type="text"/>		
Participant address information	<input type="text"/>		
Street name and number	<input type="text"/>		
Suburb/town	<input type="text"/>	Postcode	<input type="text"/>
Participant phone	<input type="text"/>		
Participant email address	<input type="text"/>		
Key contact (if not participant)	<input type="text"/>		
Key contact phone number	<input type="text"/>		
Relationship to participant	<input type="text"/> Eg parent, partner, guardian		

SECTION 2

ASSESSMENT REPORT DETAILS

Date of assessment	<input type="text"/>	Date of report	<input type="text"/>
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Occupational Therapist

Individuals contributing to this report

Attendees at the property assessment

SECTION 3

PROPERTY DETAILS

Address of property to be assessed

Ownership status of property

If the property is a rental property, please refer to the NISQ guidelines regarding necessary and reasonable considerations

Is the property owned by the Participant?

Yes No

Is the property owned by the Participant's family?

Yes No

Is the property rented?

Yes No

Is the property owner aware of potential modifications?

Yes No

Is the property subject to a Body Corporate?

Yes No Not known

Has the property been certified by the local council?

Yes No Not known

Approximate age of the property

Do you anticipate that the modifications will be "minor" or "major" (as defined in the NISQ Home modification guideline)?

Brief description of home

Detailed description to be included in Section 8

SECTION 4

CURRENT LIVING ARRANGEMENTS

Who does the participant currently live with?

Describe the home environment

Is the participant intending to remain in this property for the foreseeable future?

Yes No

Is the property well positioned for community access?

Yes No Eg public transport

Other

Identify any areas of risk for future visits to the property. These risks may include home condition (e.g. structurally unsafe, hoarding) and security.

(e.g., firearms, hostile dogs, drug paraphernalia, remote location, fire risk)

SECTION 5

CAPABILITIES

Describe the participant's abilities and equipment used on return to home/community living

Current health status

Functional cognitive status

Behavioural issues

Indoor mobility

Outdoor mobility

Upper limb function

Lower limb function

Transfers

Bed:
Toilet:
Chair:
Bath:
Shower:

Toileting

Dressing

Bathing

Grooming

Eating

Meal preparation

Cleaning

Home Maintenance

Laundry

Gardening

**Community mobility and
Transportation**

Work/education/recreation
(within the home environment)

Overnight care requirements

Hand dominance

Other physical considerations

Vision, sensation, pain

If feedback was sourced from the participant's treating health professionals/care agency/community team regarding participant's access needs to support your assessment findings please list details of information and contact details

SECTION 6

EQUIPMENT

Current Equipment Details

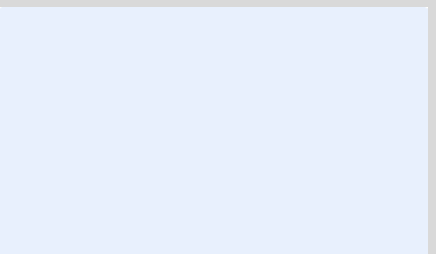
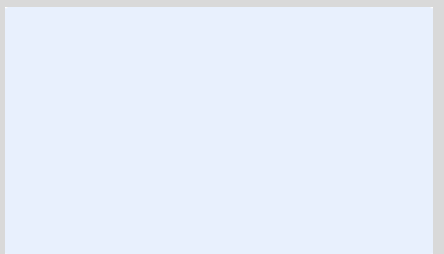
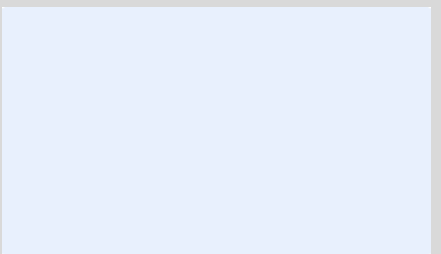
Equipment Item	Measurements

Future equipment considerations

Equipment Item	Measurements

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

SECTION 7

EXPECTED OUTCOMES POST-HOME MODIFICATIONS

Describe the participant's abilities and equipment used on return to home/community living

Current services provided	Level of support required	Post-home modifications services required	Predicted level of support required post-home modifications
Informal supports (eg friends, family, other informal supports)		Informal supports (eg friends, family, other informal supports)	
Personal care		Personal care	
Therapy support		Therapy support	
Community access		Community access	
Inactive sleepovers		Inactive sleepovers	
Active sleepovers		Active sleepovers	
Domestic support/ home services		Domestic support/ home services	
Meal preparation		Meal preparation	
Gardening		Gardening	
Fire and emergency risk management		Fire and emergency risk management	
Other (please specify)		Other (please specify)	

Comments

SECTION 8

Provide a **BRIEF EXECUTIVE SUMMARY** of home modification recommendations

Described alternatives explored and why they were not appropriate

SECTION 9

SUMMARY OF RECOMMENDATIONS

For each section, insert photos and add brief descriptions. First reduce image file sizes to make it easier to email this form.

Car parking

Participant's SMART goal

Is modification required?

Yes No

Does the participant have a modified vehicle or is one being provided?

(Consider maxi taxi if appropriate)

Detailed description of current environment

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

External Access

Participant's SMART goal

Is modification required?

Yes No

Detailed description of current environment

Kerb, Driveway, Paths, Gates, Letterbox, Rubbish Bin, Clothesline, Garden, Stairs, Ramps

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Internal Access

Participant's SMART goal

--

Is modification required?

Yes No

Detailed description of current environment
(width, access, flooring and circulation space)

--

Options considered and discounted

--

Final recommendation with detailed reasoning

--

Consequence of not providing recommended accident-related home modification

--

Electrical considerations

--

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Bedroom

Participant's SMART goal

Is modification required?

Yes No

Detailed description of current environment

(width, access flooring and circulation space)

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Bathroom and toilet

Participant's SMART goal

Is modification required?

Yes No

Detailed description of current environment

(width, access and circulation space)

- Shower
- Toilet
- Vanity

- Floors
- Tapware

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Can existing fixtures and fittings be re-used in the modification

Yes No

If fixtures/fittings are unable to be re-used please provide justification, why the need for new fitting/fixtures is accident related

Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Kitchen / Dining Area

Participant's SMART goal

Is modification required?

Yes No

Is the kitchen space to be shared with other members of the household?

What areas of the kitchen need to be accessed by the

participant to achieve the goal outlined above?

Are appliance being recommended

Yes No

If appliances are being recommended, please justify why the need is accident related

Detailed description of current environment

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Detailed description of current environment

Can existing fixtures and fittings be re-used in the modification

Yes No

If fixtures/fittings are unable to be re-used please provide justification, why the need for new fitting/fixtures is accident related

Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Laundry

Participant's SMART goal

Is modification required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of current environment	
Options considered and discounted	
Final recommendation with detailed reasoning	
Consequence of not providing recommended accident-related home modification	
Can existing fixtures and fittings be re-used in the modification	<input type="checkbox"/> Yes <input type="checkbox"/> No
If fixtures/fittings are unable to be re-used please provide justification, why the need for new fitting/fixtures is accident related	
Electrical considerations	

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Living area

Participant's SMART goal

--

Is modification required?

Yes No

Detailed description of current environment

(width, access, flooring and circulation space)

Options considered and discounted

Final recommendation with detailed reasoning
Consequence of not providing recommended accident-related home modification
Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Hallways

Participant's SMART goal

--

Is modification required?

Yes No

Detailed description of current environment

(width, access, flooring and circulation space)

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Electrical considerations

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Fire, Emergency and Security

Participant's SMART goal

Is modification required?

Yes No

Detailed description of current environment

(width, access and circulation space)

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Other

(please specify)

Participant's SMART goal

Is modification required?

Yes No

Detailed description of current environment
(width, access and circulation space)

Options considered and discounted

Final recommendation with detailed reasoning

Consequence of not providing recommended accident-related home modification

Insert photos and add brief descriptions

Before inserting your images, reduce their file sizes. This will make it easier to email this form.

Please provide details of current heating and cooling systems

(This modification only applies to participants with medically diagnosed thermoregulation impairment)

SECTION 10

ASSESSOR DETAILS

Assessor name, address,
email and phone number

(Type details or insert image of
practice stamp)

Days/hours available

Signature

Insert image (jpg/png) of signature.
(Or print, sign and scan the form)

Date

Submitting this form

Email your completed form to NIISSQ Support Planner and modifications@niis.qld.gov.au with the participant's NIISSQ case number in the subject line. Please also attach any supporting documentation.

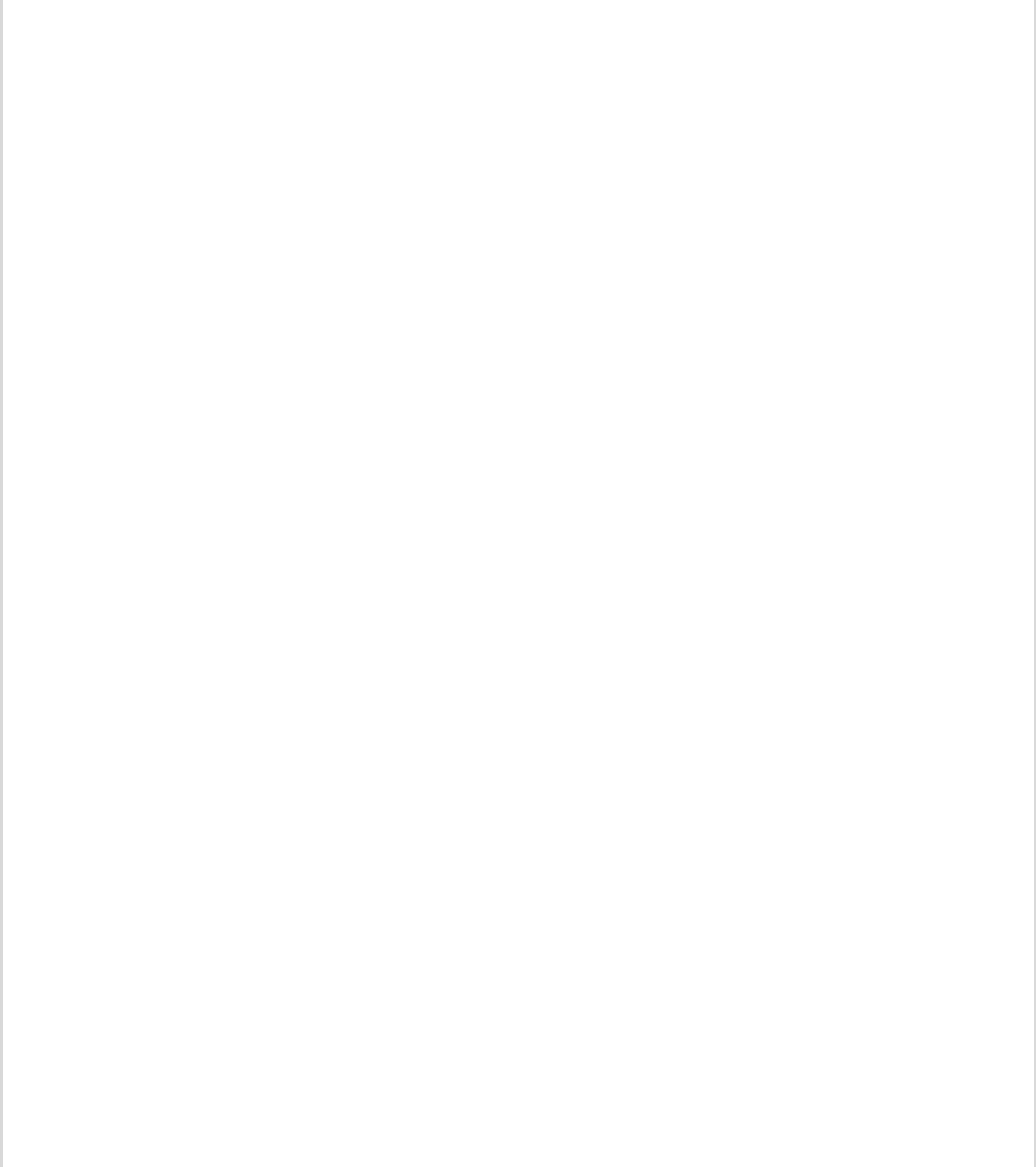
APPENDIX 1

SCOPE OF WORKS

AREA OF THE HOME	PROPOSED HOME MODIFICATIONS
Car Parking	
External Access - Front - Rear	
Internal Access	
Windows	
Flooring	
Bedroom	
Bathroom - Door entrance - Wall reinforcement - Floorings - Window - Grab rails - Toilet - Shower - Vanity - Temperature Control	
Kitchen - Benches - Sink - Storage - Pantry - Wall oven - Hotplates	
Dining	
Laundry	
Living Area	
Hallways	
Electrical Fittings	
Fire, Emergency and Security	
References <ul style="list-style-type: none"> • • AS 1428.1 (2021) – Access to Public Buildings Standard • • National Construction Code (2019) • • AS/NZS 3000 (2018) – Electrical Wiring Standard 	

APPENDIX 2

CONCEPT DRAWINGS (floor plans of existing and proposed layouts)



APPENDIX 3

VARIATION REQUEST

If a variation to the NISQ approved Home Modification is identified as accident-related, necessary and reasonable please complete the details below and email the NISQ Support Planner for consideration.

Date of Variation Request 1

Assessor recommending the
recommending the variation
Reason for a variation to the NISQ
approved scope of works
Summary of variations
recommended

Has the variation been discussed
with the participant and/or
homeowner
Described alternatives explored
and why they were not appropriate

Date of Variation Request 2

Assessor recommending the
recommending the variation
Reason for a variation to the NISQ
approved scope of works
Summary of variations
recommended

Has the variation been discussed
with the participant and/or
homeowner
Described alternatives explored
and why they were not appropriate

Date of Variation Request 3

Assessor recommending the
recommending the variation
Reason for a variation to the NISQ
approved scope of works
Summary of variations
recommended

Has the variation been discussed
with the participant and/or
homeowner
Described alternatives explored
and why they were not appropriate

APPENDIX 4

POST MODIFICATION REVIEW

Date of post modification review

Attendees at the review

The modifications have been reviewed and aligns with the NISQ approved scope of works

Yes No

List any outstanding modifications as outlined in the NISQ approved scope of works

List any additional recommendations including rationale for the recommendations

Did the participant and/or homeowner actively participate in the post modification review

Yes No

Please record the participant's response to the following question:

Please rate your overall satisfaction with how the home modifications help you achieve your SMART goals (please consider all your SMART goals listed in your Home Modification Functional Assessment Report)

<input type="checkbox"/>	1	Very unsatisfied
<input type="checkbox"/>	2	Unsatisfied
<input type="checkbox"/>	3	Neutral
<input type="checkbox"/>	4	Satisfied
<input type="checkbox"/>	5	Very satisfied