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|  | **✓** |
| I have assessed my eligibility for funded home modification programs in Tasmania. |  |
| The property is my primary residence. |  |
| The property is my secondary residence. |  |
| The modification or adaption in my *secondary residence* is for access &/or hygiene only. |  |
| I own the property. |  |
| The property is a unit in a Body Corporate and   * A Body Corporate agreement in writing has been obtained. |  |
| I rent or lease the property and the owner or landlord has provided written agreement for a modification or adaption and   * A copy of the lease agreement has been obtained. |  |
| My home and I have been assessed by an Occupational Therapist (OT) with Home Modifications qualifications. |  |
| The OT has provided supporting reasons and evidence for the recommended home adaptations or modifications. |  |
| The home modification or adaptation has been assessed by the OT as necessary so that I have safe access and improved mobility in my home. |  |
| The OT has considered and compared at least two (2) other options and given reasons why the home modification recommended is the best option. |  |
| The OT report includes information about how the modification or adaption will benefit me. |  |
| The OT report includes measurements, diagrams, dimensions and pictures where possible of the modifications that are recommended. |  |
| My home has been deemed to be suitable for modification.   * If required, a builder or architect report has been completed. |  |
| Any draft persons, Architects and Builders doing home adaptation or modification have ensured suitability for modification compliance with Australian and Tasmanian building laws, standards and codes. |  |
| One (1) or more quotes for the home modification or adaption have been obtained. |  |
| An application has been made to the relevant funding program. |  |