*Once completed please e-mail this form to:* [*requests.lifetimecare@icare.nsw.gov.au*](mailto:requests.lifetimecare@icare.nsw.gov.au) *(for lifetime care) or* [*requests.workers-care@icare.nsw.gov.au*](mailto:requests.workers-care@icare.nsw.gov.au) *(for workers care) and include the following in the subject header:*

*Home Modification Variation Request [Person’s name and number] [Coordinator name]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1 PERSON’s details** | | | | | | | | | | | | | |
| **Name** | |  | | | | | | **Participant No.**  **or Claim No.** | | |  | | |
|  | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | |
| **Contact Name** | |  | | | | | | **Contact Ph** | | |  | | |
| **1.2 DETAILS OF PERSON COMPLETING THIS FORM** | | | | | | | | | | | | | |
| **BMOT/BMPM** |  | | | | | | **Contact person** | | |  | | | | |
|  |  | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | |  | |
| **Work days/ hrs** |  | | | **Ph** |  | | | | **Email** | | | |  | |
|  |  | | | | | |  | | | | | |  | |
| **Variation requested by** | BMOT | | BMPM | | | Injured Person | | | | | | Other | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**2.0 PROGRESS**

**Progress to date**

*Provide details of the work completed to date*

**Details of variation**

*Provide details of the variation requested and reasons why required.*

3.0 VARIATION REQUESTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items/services** | **Provider name**  **Organisation *(Billing as)***  **Address & Phone** | **Payment Code** | **Est start of work** | **Est completion date** | **Cost (incl GST)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total cost:** |  | | | | |