*Once completed please e-mail this form to:* *requests.lifetimecare@icare.nsw.gov.au* *(for lifetime care) or* *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:** |  |