



Application for Positive Airway Pressure (PAP) Equipment

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[Read more: How DVA manages personal information](#)

Rehabilitation Appliances Program (RAP) and other government services (such as the National Disability Insurance Scheme (NDIS), Home Care Package or Commonwealth Home Support Program (CHSP)) – Aids, appliances and modifications can be provided by RAP or other government services, such as NDIS/Home Care Package/CHSP, as long as the same aid/appliance/modification is not duplicated by both RAP and NDIS/Home Care Packages/CHSP.

For any queries, please contact the DVA Provider Hotline on 1800 550 457 and select Option 1 for the RAP.

Client Delivery Details

Surname	<input type="text"/>		
Given names	<input type="text"/>		
Address	<input type="text"/>		
	POSTCODE <input type="text"/>		
Delivery address <i>(if different to above)</i>	<input type="text"/>		
	POSTCODE <input type="text"/>		
Telephone number	[<input type="text"/>]	Mobile number	<input type="text"/>
Email address	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
DVA File number	<input type="text"/>		
Card type	Gold <input type="checkbox"/>	White <input type="checkbox"/>	Please contact DVA on 1800 550 457 or email RAPGeneralEnquiries@dva.gov.au to check eligibility under the client's Accepted Disability(ies).
Current hospital inpatient?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
	Name of hospital <input type="text"/>		
	Discharge date <i>(if known)</i> <input type="text"/> / <input type="text"/> / <input type="text"/>		

Specialist Physician Details (Respiratory or Sleep Physician)

Name	<input type="text"/>		
Speciality	<input type="text"/>		
Address	<input type="text"/>		
	POSTCODE <input type="text"/>		
Telephone number	[<input type="text"/>]	Fax	[<input type="text"/>]
Email address	<input type="text"/>		
Provider number	<input type="text"/>		
Specialist Physician signature	<input type="text"/>		Date <input type="text"/>

Sleep Clinic Details

Clinic name

Contact person

Telephone number

Fax

Other Assessing Health Provider Details

GP Physio RN

Name

Address

POSTCODE

Telephone number

Fax

Email address

Provider number

Signature

Date

Equipment Request

After a PAP machine has been issued, clients or their assessing health provider can initiate a request for PAP consumables, when no prior approvals are required.

Requests for PAP consumables can be via telephone or in writing. Replacement of PAP consumables should occur at a minimum of every 12 months, but may occur more frequently depending on individual clinical need.

PAP device / machine

New Replacement Additional (*please complete details below*)

Does the client have a PAP device/machine?

No

▶ For initial provision of a DVA PAP machine there will be a mandatory trial for up to 30 days to ensure that the most appropriate machine is provided.

Yes

▶ Name of PAP Supplier

Is the client compliant with PAP treatment?

No

Yes

Does the client require a short term rental of a travel CPAP?

No

Yes

Note: Travel CPAP will only be provided on a short term basis up to 3 months.

PAP consumables and accessories

Mask Tubing Other

Exceptional circumstances – Prior approval is required for the supply of non-contracted PAP items or when a second or additional machine is required. Please provide clinical reason(s).

PART A**Sleep Study Results**

Diagnostic Sleep Study

Date

Diagnosis

OSA

CSA

REM sleep hypoventilation

Neuromuscular weakness

Other, please specify

Please attach a copy of the sleep study report, plus any relevant clinical information e.g. copy of specialists letter.

PART B**Prescription** Fixed Pressure CPAP

Pressure

cmH2O

 Auto Titration CPAP

Pressure

cmH2O

 Bi-level

Pressure

cmH2O



Rate

auto or

 Adaptive PAP (ASV)

IPAP

cmH2O

EPAP

cmH2O



PS

cmH2O



Rate

auto or

**PART C****Mask Details** Full Face Mask

Size

Model

 Nasal Mask

Size

Model

 Nasal Pillows

Size

Model

 Other
*Positional Devices**Accessories* Chin strap

Size

 Filters (select one): Reusable Disposable Hypoallergenic Other

If this is a request for a replacement mask, was the previous mask issued by DVA?

No Yes

Date of previous mask issue

If date of previous issue is less than 3 months, please give reason for new mask

Any further instructions?

DVA Rehabilitation Appliances Program

Contracted Suppliers of Positive Airway Pressure (PAP) Products

Effective 1 June 2021

<i>Supplier</i>	<i>National Phone</i>	<i>National Fax</i>	<i>Email</i>
Air Liquide Healthcare	1300 360 202	1800 254 329	alhdva.orders@airliquide.com
ResMed	1800 625 088	1800 647 259	supportcentre@resmed.com.au

Prescribers are reminded that the choice of supplier is theirs. The alphabetical listing above is for administrative ease only.

Products that are listed as contracted items on the RAP Schedule must be sourced from a suitable contracted supplier listed on the following DVA webpage: [RAP contracted suppliers](#)

If the requested products are not available from any of DVA's contracted suppliers, the assessing health provider must send requests to DVA for review through RAPGeneralEnquiries@dva.gov.au

Please do not fax this page