

**Instructions**

Complete this form to identify goals for community access and assessment of the most appropriate transport solution for a person in response to their accident injuries. The assessment will identify transport needs and supports/intervention to facilitate participation in community activities, including work, education, shopping, banking and treatment/rehabilitation.

# Section 1

## TAC client details

|  |  |
| --- | --- |
| First name |   |

|  |  |
| --- | --- |
| Last name |   |

|  |  |  |  |
| --- | --- | --- | --- |
| TAC claim number |   | Date of accident |  / /  |

|  |  |
| --- | --- |
| Date of birth |  / /  |

|  |  |
| --- | --- |
| Street name and number |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Suburb/Town |   | Post code |   |

|  |  |
| --- | --- |
| Client phone number |   |

|  |  |
| --- | --- |
| Client email address |   |

|  |  |
| --- | --- |
| Key contact if not client |   |

|  |  |
| --- | --- |
| Key contact phone number |   |

|  |  |
| --- | --- |
| Relationship of key contact |   |

(e.g. parent, partner, guardian)

# Section 2

## General introduction

Outline the person’s goals for participation in community activities.

|  |
| --- |
|   |

Describe the person’s social situation: accommodation type, stability/permanency of accommodation, living alone/with others and capacity of others to assist with transport and community access. What informal supports can the person currently access for transport?

|  |
| --- |
|   |

Outline any cultural or other issues to be considered in arranging community access and transport solutions.

|  |
| --- |
|   |

Describe driving status: history, current license, future license status and medical limitations.

|  |
| --- |
|   |

Describe current vehicle status: ownership of, or access to, details of current vehicle, approximate km traveled
per annum, etc.

|  |
| --- |
|   |

# Section 3

## Current capabilities

Comment on how the person’s current capabilities are impacting on their ability to use public transport and/or a standard car. Note whether any restrictions are due to accident or non-accident related impairment.

Include details around current functional status and any support required during community access and participation.

|  |  |
| --- | --- |
| Issues | Current capabilities |
| Physical/sensory issues (e.g. transfer and mobility status, hearing and vision) |   |
| Cognitive/behavioural issues(e.g. memory, insight, distractibility, community orientation and road safety) |   |
| Psychological/emotional issues (e.g. anxiety) |   |

Describe the anticipated change in capabilities. Include time frame. Comment on the person’s ability to participate in transport training and improve their capability in accessing the community.

|  |
| --- |
|   |

# Section 4

## Current transport solution for community access

Detail main transport mode used for each relevant community access area, the frequency, travel time and cost, if appropriate. For example, ‘Travels in taxi once a week. This takes two hours to get there and costs $100.00
each outing’.

### Work

|  |  |
| --- | --- |
| Pre-accident |   |

|  |  |
| --- | --- |
| Current |   |

|  |  |
| --- | --- |
| Proposed |   |

Comments, including if assistance is required with use of transport and/or at destination. If traveling by vehicle, please include km per week.

|  |
| --- |
|   |

### School/education

|  |  |
| --- | --- |
| Pre-accident |   |

|  |  |
| --- | --- |
| Current |   |

|  |  |
| --- | --- |
| Proposed |   |

Comments, including if assistance is required with use of transport and/or at destination. If traveling by vehicle, please include km per week.

|  |
| --- |
|   |

### Community participation (e.g. shopping, banking)

|  |  |
| --- | --- |
| Pre-accident |   |

|  |  |
| --- | --- |
| Current |   |

|  |  |
| --- | --- |
| Proposed |   |

Comments, including if assistance is required with use of transport and/or at destination. If traveling by vehicle, please include km per week.

|  |
| --- |
|   |

### Treatment/rehabilitation

|  |  |
| --- | --- |
| Pre-accident |   |

|  |  |
| --- | --- |
| Current |   |

|  |  |
| --- | --- |
| Proposed |   |

Comments, including if assistance is required with use of transport and/or at destination. If traveling by vehicle, please include km per week.

|  |
| --- |
|   |

### Recreation / sport / social (group and individual programs)

|  |  |
| --- | --- |
| Pre-accident |   |

|  |  |
| --- | --- |
| Current |   |

|  |  |
| --- | --- |
| Proposed |   |

Comments, including if assistance is required with use of transport and/or at destination. If traveling by vehicle, please include km per week.

|  |
| --- |
|   |

### Other

|  |  |
| --- | --- |
| Pre-accident |   |

|  |  |
| --- | --- |
| Current |   |

|  |  |
| --- | --- |
| Proposed |   |

Comments, including if assistance is required with use of transport and/or at destination. If traveling by vehicle, please include km per week.

|  |
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|   |

# Section 5

## Proposed transport solution options

Indicate your recommendations by selecting one or more of the following categories and detail your
recommendations below:

|  |  |
| --- | --- |
| Travel training |   |

|  |  |
| --- | --- |
| Other treatment/rehabilitation  |   |

(e.g. how to book a taxi)

|  |  |
| --- | --- |
| Review of driving ability  |   |

(e.g. driving assessment, neuropsychologist review)

|  |  |
| --- | --- |
| Use of informal supports or community transport options  |   |

(e.g. council community bus, Uber, taxi, public transport, MET information line)

|  |  |
| --- | --- |
| Assessment for equipment and/or scooter |   |

|  |  |
| --- | --- |
| Modifications to an existing vehicle  |   |

(e.g. grab rail, swivel seat, small mobile hoist)

|  |  |
| --- | --- |
| Assessment for TAC vehicle contribution and modifications |   |

**If yes**, following review of this form by the TAC, a Vehicle
Modifications Assessment and Recommendations will be requested.

|  |  |
| --- | --- |
| Wheelchair accessible vehicle |   |

**If yes**, following review of this form by the TAC, a Vehicle
Modifications Assessment and Recommendations will be requested.

If wheelchair accessible vehicle is recommended, please outline the person’s driver/passenger requirement
to be assessed below:

|  |  |
| --- | --- |
| Person as a driver |   |

|  |  |
| --- | --- |
| Person as a passenger |   |

|  |  |
| --- | --- |
| Person as a driver and passenger |   |

|  |  |
| --- | --- |
| Person as a passenger now, with potential to drive in the future |   |

Describe the clinical justification for the recommended transport solution recommendation.

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| --- |
|   |

# Section 6

## Summary and recommendations

Provide a summary of recommendations, including the need for further OT assessment and/or intervention –
e.g. Assistive Technology Assessment and Recommendations or OT Service Plan Review.

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| --- |
|   |

# SECTION 7

**PROVIDER DETAILS**

|  |  |
| --- | --- |
| Provider name, address, email and phone number(Type details or insert image of practice stamp) |  |

|  |  |
| --- | --- |
| SWEP credentialing level |   |

|  |  |
| --- | --- |
| Days/hours available |   |

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



|  |  |
| --- | --- |
| Date |  / /  |



**Submitting this form**

Email your completed form to your TAC claims manager or to info@tac.vic.gov.au with the client’s TAC claim number in the subject line. Please also attach any supporting documentation.

### Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries to assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law
to disclose this information. Without this information, the TAC may be unable to determine entitlements or assess whether the treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)