# Variation Request Form (Home Modifications)

## Participant / Worker / Client details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Participant number or claim number | |
|  | |  | |
| Address | | | |
|  | | | |
| Suburb | State | | Postal code |
|  |  | |  |
| BMPM or BMOT details | | | |
| Name | | Organisation | |
|  | |  | |
| Email | | | |
|  | | | |
| Workdays/Hrs | | Contact phone | |
|  | |  | |
| Signature | | Date of request | |
| Signature | | Click or tap to enter a date. | |
| Senior Home Modification Advisor | | | |
| Name | | | |
|  | | | |
|  | | | |
| Senior Home Modifications Officer | | | |
| Name | | | |
|  | | | |

## Progress to date

|  |
| --- |
| Provide details of the work completed to date: |
|  |

## Details of variation

|  |  |
| --- | --- |
| Variation No | Provide details of the variation requested and reasons why required: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Variation request

Please provide quotes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variation No | Items | Service Provider  (i.e. who to send Purchase order to) | Est start of work | Cost |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub-Total** | | | |  |
| **GST** | | | |  |
| **Total** | | | |  |

|  |  |
| --- | --- |
|  | **icare** GPO Box 4052, Sydney NSW 2001 **General Phone Enquiries: 1300 738 586** Email: [homemodifications@icare.nsw.gov.au](mailto:homemodifications@icare.nsw.gov.au)  www.icare.nsw.gov.au |