



SWEP Vehicle Modification Subsidy Scheme (VMSS) Easy English Forms



If you need an interpreter service please call:

03 9280 1907



Why do you need to sign these forms?

These forms are here to protect you. They are to make sure that you get exactly what you need.



Who is the owner of the car?

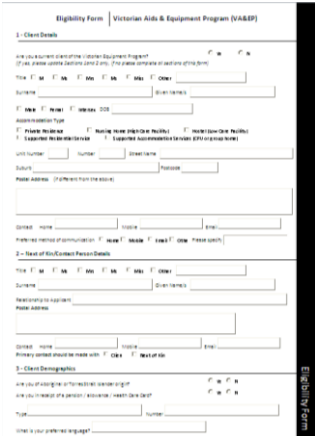
The person who has their name on the car registration.



If I pay for the work myself, can SWEP pay me back?

No. SWEP cannot pay you back. SWEP can only fund work that it has placed an order for.

What forms from SWEP will my prescriber explain to me and help me to complete?



- Application for Aids and Equipment

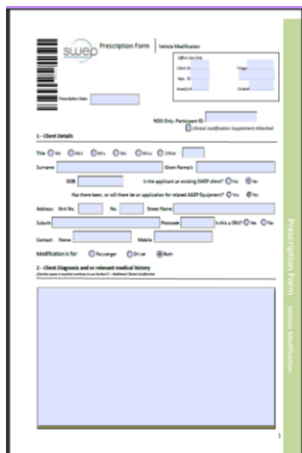
If you are new to SWEP you will need to complete this form. You will need to have details like your date of birth and address.



- Confirmation of Disability Form

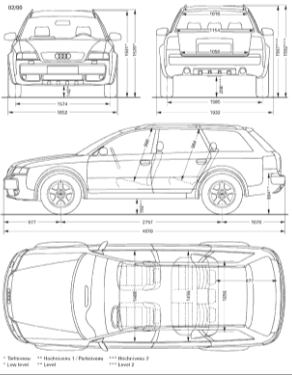
This form is to show that you have a disability or are frail aged and are eligible for help. A doctor needs to sign this form.

This form is attached to the application form above.



- Prescription Report

Your prescriber will fill this form out for you. It will show your details and what work needs to be done to the car.



● Schedule B – Vehicle Modification Plan

This is a drawing of the work to be done on the car. The car owner will need to sign this.

Schedule C - Deed Poll

Victorian Aids and Equipment Program (AEP) Vehicle Modifications: Deed Poll

Name: _____

(name(s) of registered vehicle owner(s))

OR

Address of registered vehicle owner(s): _____

(address of the vehicle)

(year) (make) (model) (registration number)

I hereby release the Secretary to the Department of Human Services, and the State of Victoria, and their servants, agents and employees (joint and severally) from all actions, suits, claims of action, claims, demands, expenses and costs which I/we may have in any way arising from or relating to or connected with the:

- AEP Vehicle Modification Subsidy Scheme Guidelines;
- The Victorian Aids and Equipment Program Vehicle Modification Subsidy Scheme; and
- Modifications undertaken by (insert name and ABN of the Vehicle Modifying Organisation) to the above vehicle.

Executed as a Deed Poll

SIGNED, SEALED AND DELIVERED by _____

(insert name) in the presence of: _____

Signature of witness _____

Name of witness (block letters) _____

Date: _____

SIGNED, SEALED AND DELIVERED by _____

(insert name) in the presence of: _____

Signature of witness _____

Name of witness (block letters) _____

Date: _____

SIGNED, SEALED AND DELIVERED by _____

(insert name) as authorised representative of the Victorian AEP Issuing Centre in the presence of: _____

Signature of witness _____

Name of witness (block letters) _____

Date: _____

SIGNED, SEALED AND DELIVERED by _____

(insert name) as authorised representative for the Vehicle Modifying Organisation in the presence of: _____

Signature of witness _____

Name of witness (block letters) _____

Date: _____

SIGNED, SEALED AND DELIVERED by _____

(insert name) in the presence of: _____

Signature of witness _____

Name of witness (block letters) _____

Date: _____

Signature of Vehicle Owner(s) _____

Date: _____

Name of witness (block letters) _____

Date: _____

● Schedule C- Deed Poll

This form says that the car owner understands that SWEP or the Department of Human Services (DHS) is not legally responsible for any claims connected to the work that is done. The vehicle owner and a witness sign this form.

● Appendix 6 - Tripartite agreement

SWEP signs this form to show that they will pay an amount for the work to the car.

The supplier signs this form to show that they will complete the work to the car for the agreed price.

The car owner signs this form to show that they agree to the responsibilities written on the form.

All of these people must sign the form in front of a witness. By signing, they all agree to the legal responsibilities written on the form.



Appendix 7: Confirmation of the funding contribution form

VMSS Applicant:
Address:
 Title _____
 Name of Applicant/Member/organization providing the funding contribution (Source of vehicle modification) and vehicle model to be modified, and a list of people who have received the contribution of a vehicle modification component of the vehicle registration fee.
 This amount will be forwarded to the vehicle modifier on the completion of the modification and the vehicle model to be modified, and a list of people who have received the contribution of a vehicle modification component of the vehicle registration fee.
 Please note the VMSS funds will not be paid to the vehicle modifier until the Certificate of Completion has been signed by a prescriber, occupational therapist, occupational therapist/occupational therapist/ driver assessor and vehicle modifier.
 Signed: _____ (Print Name) _____ Date ____/____/____
 Witnessed: _____ (Print Name) _____ Date ____/____/____
 This form will be sent along with the VMSS purchase Order to the vehicle modifier.
 If the funding contribution is being supplied by an organization, please fill in the general address below as the vehicle modifier will be able to send out a tax invoice for the above mentioned amount.
 Organisation No: _____
 Postal address: _____
 Suburb/Town: _____ Postcode: _____

- Appendix 7 - Confirmation of the Funding Contribution Form ☐

This form is signed by the person who agrees to pay the supplier the rest of the money. This form is only used if the work costs more than the money amount supplied by VMSS.

VMSS Applicant:

Vehicle Make & Model: _____
 Vehicle Registration No: _____
 Year vehicle first registered: _____
 Registration category: _____
 Date of original purchase/modification: _____
 Name of original Supplier (if known): _____
 Major structural modification:
 Cost of original modification \$: _____ Actual/Estimated
 Other modification:
 Cost of original modification \$: _____ Actual/Estimated
 1 confirm that:
 1. The vehicle will be supplied with a roadworthy certificate
 2. The modification component is in good working order
 3. The current VMS Certificate number issued for the modification is _____ and will be kept on file/infile on date ____/____/____
 4. The modification complies with all new and obsolete VicRoads registration requirements
 5. The prescriber, occupational therapist/occupational therapist/ driver assessor and I meet the requirements of this applicant
 6. Details of the modification will be provided to the VMS for a period of _____ months _____ (print your name and title)
 Signed: _____ (Vehicle modifier and/or VMS)
 Organisation: _____
 Date: _____
 For Office use only:
 Calculated depreciated value of modification: \$ _____
 Note: 20/01/22

- Appendix 8 - Depreciated Value of a Modified Component of a Second-Hand Already Modified Vehicle Form ☐

This form shows how much money VMSS will fund if the car is a secondhand already modified car.

Quote

Customer Name: _____
 Address: _____
 Contact: _____
 Mobile: _____
 Business: _____
 Telephone: _____
 Fax: _____
 Email: _____

Item	Description	Quantity	Unit Price	Amount
Subtotal				
Tax				
Total				

 Approved by: _____

- Supplier Quote ☐

The car owner and supplier sign the quote to agree for the work to be done on the car.

Appendix 9: Certificate of completion

Modification for vehicle: _____ (Make, model & registration no. of vehicle)
This section should be completed by the prescribing occupational therapist/occupational therapist/ driver assessor:
 1. I/We the prescribing occupational therapist/occupational therapist/ driver assessor have inspected the vehicle modification agreed on in the vehicle specific quote and confirm that the modification meets the functional needs of my client _____ (name of client)
 Signed: _____ (prescribing occupational therapist/occupational therapist/ driver assessor)
 Date: _____
This section should be completed by the vehicle modifier where VMSS contribution is required:
 1. I/We (vehicle modifier) have confirmed that the above mentioned vehicle has been modified by a VMS engineer on _____ (date) and a VMS Certificate has been issued _____ (date) (signature required)
 Further: I/We (car owner/owner's representative):
 1. I/We (vehicle owner) agree that the work specified in quotation no. _____ has been completed satisfactorily on _____ (vehicle modification). I agree that the vehicle registration funds covering component of the payment be made as per VicRoads' Health Services Purchase Order no. _____
 Signed: _____ (Print Name) _____ Date ____/____/____
 Witnessed: _____ (Print Name) _____ Date ____/____/____
 Note: 20/01/22

- Appendix 9 - Certificate of Completion ☐

Your prescriber, the supplier and the car owner sign this form to say that the work has been done to the car as planned and meet Standards and VicRoads legal registration requirements.

What happens next?



- Once the car owner has signed the forms please give them to your prescriber to send back to SWEP.



- SWEP will contact you before placing the order.



- You will need to contact the supplier to arrange a date for the work to be done on the car.



- Your prescriber will come and have a look at the work. The car owner and the prescriber will sign off on the work.
- If you need a form for the work from an engineer the supplier will arrange this for you. You will need to take your car and engineer forms to VicRoads when the work has been done.

SWEP Contact Information



Address P.O. Box 1993
Bakery Hill BC Vic 3354



Phone 1300 747 937

Fax 03 5333 8111



Email swepcentralintake@bhs.org.au

Website <http://swep.bhs.org.au>



Business Hours

Monday to Friday 8:30am to 5:00pm