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Queensland Government | Medical Aids Subsidy Scheme (MASS) Queensland Health

MASS 24
Home Access Checklist for Power-drive Wheelchairs (PWC)

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: ☐M ☐F ☐ I

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Date of Assessment: to		Yes	No	Needs modifications /assistance	Comments
1 Client Skills					
Ability to propel a Lightweight Manual Wheelchair (supporting clinical information to be entered on MASS 20 Application form)	Independent***	☐	☐	☐	
	Inconsistent in ability due to disability***	☐	☐	☐	
	Not able	☐	☐	☐	
Client level of expierence with PWC	Please state the level of experience the client has with driving a PWC: ☐ New Learner ☐ > 5 years ☐ Other:				
*** Client may not meet Clinical Eligibility Criteria for PWC – Contact MASS Mobility Advisor.					
2 Specific Functions					
Can the client / carer(s)	MANUALLY engage and disengage clutch (when changing between power and manual operation of chair)	☐	☐	☐	
	Effectively recharge the batteries	☐	☐	☐	
3 Driving Skills					
Can the client safely drive their PWC?	Forward – maintaing a straight line	☐	☐	☐	
	Turning left and right on cue and/or in response to their environment	☐	☐	☐	
	In reverse	☐	☐	☐	
4 Safety					
Can the client?	Stop on command	☐	☐	☐	
	Start on command	☐	☐	☐	
	Negotiate and avoid obstacles	☐	☐	☐	
	Adjust speed to suit environment	☐	☐	☐	
5 Home Access					
Can the client drive their PWC to safely enter and exit at the:	Primary entrance	☐	☐	☐	
	Secondary entrance	☐	☐	☐	
	Property Enterance	☐	☐	☐	
	Other entrance(s)	☐	☐	☐	
Can the client drive their PWC to safely enter and exit the area(s) of:	Bedroom	☐	☐	☐	
	Bathroom/shower	☐	☐	☐	
	Toilet	☐	☐	☐	
	Kitchen	☐	☐	☐	
	Hallway(s)	☐	☐	☐	
	Lounge Area	☐	☐	☐	
	Dining Area	☐	☐	☐	
	Laundry	☐	☐	☐	
	Outdoor living areas	☐	☐	☐	
	Mailbox	☐	☐	☐	
	Vehicle access	☐	☐	☐	
	Other:	☐	☐	☐	

DO NOT WRITE IN THIS BINDING MARGIN

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6 Transfers/Access to Wheelchair					
Can the client, demonstrate safe transfer methods in the areas of:	Bathroom	☐	☐	☐	
	Toilet	☐	☐	☐	
	Bedroom	☐	☐	☐	
	Other:	☐	☐	☐	
7 Use of Controls					
On the PWC, can the client safely access and use:	On/Off Switch/Key	☐	☐	☐	
	Changing Speed Controll (if desired)	☐	☐	☐	
	Horn	☐	☐	☐	
	Other power functions:				
	• Tilt in space	☐	☐	☐	
	• Elevating leg rests	☐	☐	☐	
	• Other:	☐	☐	☐	
8 Community Skills					
Can the client drive the PWC safely:	Up/down footpath kerbs	☐	☐	☐	
	Along narrow path	☐	☐	☐	
	Over uneven ground	☐	☐	☐	
	Crossing the road	☐	☐	☐	
	Observation skills	☐	☐	☐	

9 Other comments (including strategies to manage potential impact of medical conditions which may pose a risk to safe PWC use)

MASS 82 Consent to Photograph/Video form is required when video footage is submitted to MASS with PWC applications.

10 PD Wheelchair Details

Prescriber Details

11 Name

Family name	Given name(s)

12 Contact Details

Email	Phone

13 Signature and Date

Signature	Date

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Submit completed form to a MASS Service Centre with MASS 20 Application Form

Website: health.qld.gov.au/mass/
Telephone: 07 3136 3524
Email: MASS-Equipment@health.qld.gov.au

Brisbane: PO Box 281, Cannon Hill Qld 4170
Townsville: PO Box 1494, Townsville Qld 4810