



## Application Form

### Thermoregulatory Dysfunction Energy Subsidy Scheme

The Thermoregulatory Dysfunction Energy Subsidy provides financial assistance for persons with thermoregulatory dysfunction to offset energy costs for controlling the temperature in their home.

See more information at [WA.gov.au/government/publications/apply-the-thermoregulatory-dysfunction-energy-subsidy](http://WA.gov.au/government/publications/apply-the-thermoregulatory-dysfunction-energy-subsidy)

For a faster and easier application, apply online using the [Online Services Portal](#).

See the [Energy Subsidy Schemes Portal Guide](#) for information about applying online.

To apply using this form, complete and attach it to [www.osr.wa.gov.au/EnergySubsidiesEnquiry](http://www.osr.wa.gov.au/EnergySubsidiesEnquiry) or return it to RevenueWA, Grants and Subsidies, GPO Box T1600 PERTH WA 6845.

#### Patient

First name		Middle name	
Surname		Date of birth	/ /

#### Guardian / Caregiver

Complete this section if the patient does not hold a valid concession card or is unable to sign this form due to age or disability.

First name		Middle name	
Surname		Date of birth	/ /
Relationship to patient		Do you live with the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Contact and address details (please tick the primary contact)

Patient	<input type="checkbox"/>	Phone		Email	
Guardian / Caregiver	<input type="checkbox"/>	Phone		Email	
Home address: Where the energy consumption is being used					
Postal address If different to the address above					

#### Concession card details

<input type="checkbox"/> Pensioner Concession Card		<input type="checkbox"/> Health Care Card		<input type="checkbox"/> Health Care interim Voucher	
Name on card		Card number			

Bank account details (Australian savings or cheque account)									
Bank or financial institution (e.g. ANZ)				BSB				-	
Account number (up to 9 digits)									
Name of the account holder									
If the nominated bank account details you provide are incorrect resulting in payment to an incorrect account, RevenueWA will attempt to recover the funds. If recovery is unsuccessful, you will not be entitled to a duplicate payment.									

Authorisation and declaration	
<p>I understand:</p> <ul style="list-style-type: none"> <li>Services Australia will use the information I have provided to RevenueWA to confirm eligibility for the subsidy and will disclose to RevenueWA personal information including the card holder's name, address, payment and concession card type and status.</li> <li>this consent, once signed, remains valid unless the cardholder withdraws it by contacting RevenueWA or Services Australia.</li> <li>the cardholder can obtain proof of their circumstances from Services Australia and provide it to RevenueWA so that eligibility for the subsidy can be determined.</li> <li>if consent is withdrawn or proof of circumstances is not provided, the patient may not be eligible for the subsidy provided by RevenueWA.</li> <li>Energy Policy WA may review the patient's eligibility for the subsidy and may access the patient's medical records for the purposes of review.</li> <li>I will be required to repay any subsidy paid if eligibility has been determined based on incorrect information.</li> </ul>	
<p>I authorise:</p> <ul style="list-style-type: none"> <li>RevenueWA to access Centrelink Confirmation eServices (Services Australia) to confirm the entitlement and customer details of the concession card provided in this application to determine if the patient qualifies for a subsidy.</li> <li>Services Australia to provide the results of that enquiry to RevenueWA.</li> <li>RevenueWA to contact the medical practitioner who signed this application to confirm or seek additional information about this application.</li> <li>Energy Policy WA to access the patient's medical records for the purpose of reviewing eligibility for the subsidy.</li> <li>payment of the subsidy into the account nominated in this application.</li> </ul>	
<p>I declare:</p> <ul style="list-style-type: none"> <li>the information in this form is true and correct to the best of my knowledge and belief.</li> <li>this subsidy is to offset the cost of energy use associated with temperature control for the patient at the home address shown on this form.</li> <li>neither I nor the patient are currently claiming this subsidy for the patient at another address.</li> <li>there are no more than two subsidies being paid at this address.</li> <li>if applying as the guardian/caregiver, I hold a valid concession card and reside at the same home address as the patient.</li> <li>if I am not the patient/concession cardholder, I have consent from the patient/concession cardholder to make this application on their behalf and provide the authorisations listed above.</li> <li>I will notify RevenueWA in writing immediately of any change in contact details and address information.</li> <li>I will notify RevenueWA in writing immediately of any change in circumstances that affects entitlement to the subsidy.</li> </ul>	
Full name	<input type="checkbox"/> Patient <input type="checkbox"/> Guardian/Caregiver
Signature	Date                      /                      /

Medical authorisation – Must be completed by the doctor or specialist	
I have been the treating doctor of _____ for at least 3 months. (full name of patient)	
<b>Name of condition causing thermoregulatory dysfunction</b> (See Ineligible conditions on page 4)	
<b>Is the thermoregulatory dysfunction condition permanent?</b> A permanent condition may include: <ul style="list-style-type: none"> <li>severe autonomic dysfunction - high spinal transection, familial dysautonomia or progressive neuro-genetic degenerative conditions, or</li> <li>extensive loss of skin integrity, with burns to over 50 per cent of the body surface area.</li> </ul>	No <input type="checkbox"/>  Yes <input type="checkbox"/> - A copy of the specialist report or hospital discharge summary must be provided for the condition to be registered as permanent.

Qualifying conditions	Tick if met
<b>The patient must meet two of these qualifying conditions</b> If the patient only meets one condition, they are not eligible for the scheme.	
<b>1. Autonomic system dysfunction</b> Evidence-based association with the deterioration of this condition in temperature extremes. For example, severe cases of spinal cord injury, stroke, brain injury, neurodegenerative disorders, multiple sclerosis and familial dysautonomia.	<input type="checkbox"/>
<b>2. Loss of skin integrity or loss of sweating capacity</b> For example, significant burns of greater than 20% of body surface area, severe inflammatory skin conditions and some rare forms of disordered sweating.	<input type="checkbox"/>
<b>3. Objective reduction of autonomic regulation and physiological functioning at extremes of environmental temperatures</b> For example, excessive sweating, heart rate increases or changes in blood pressure resulting in dehydration, dizziness or fainting.	<input type="checkbox"/>

Authorisation and declaration			
<ul style="list-style-type: none"> <li>I understand RevenueWA may contact me to verify the information I have provided on this medical authorisation form.</li> <li>I acknowledge the applicant/patient has consented to allow Energy Policy WA access to medical records for the purpose of reviewing eligibility for the subsidy and will make the records available.</li> <li>I declare all information I have provided on this medical authorisation is true and correct.</li> </ul>			
Doctor full name		Date	/ /
Doctor signature		Provider number	
Postal address			
Phone number		Email	
<b>Add stamp</b> (if available)			

**See the following page for the list of ineligible conditions**

## Ineligible conditions

The following conditions are not eligible under this scheme even though there may be some discomfort or symptoms experienced when exposed to extremes of temperature. See the [website](#) for more information.

- |   |   |
|---|---|
| ▪ arthritis                                     | ▪ fibromyalgia  |
| ▪ attention deficit hyperactive disorder (ADHD) | ▪ postural orthostatic tachycardia syndrome (POTS)  |
| ▪ autism  | ▪ psychiatric conditions such as post-traumatic stress disorder, anxiety, depression, and obsessive-compulsive disorder |
| ▪ chronic pain                                  |   |
| ▪ chronic fatigue                               |   |