Government of **Western Australia**
Department of **Treasury and Finance**
RevenueWA

OFFICE USE ONLY	
Client ID:	
W/ID:	

Application Form

Life Support Equipment Energy Subsidy

The life support equipment energy subsidy is provided to assist eligible persons to meet the energy costs associated with operating life support equipment in their home under specialist medical advice.

See more information at WA.gov.au/government/publications/apply-the-life-support-equipment-energy-subsidy

Energy supply outages

Keeping you safely connected to the electricity supply is vital. If you have not already done so, please contact your electricity retailer to register as a life support customer as soon as possible. See details on your electricity retailer's website or phone them directly.

How to apply

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

For a faster and easier application, apply online using the Online Services Portal. Access the Online Services Portal after logging in to RevenueWAConnect.

See the Energy Subsidy Schemes Portal Guide for information about how to apply online.

Privacy statement

RevenueWA collects personal information to assess your eligibility, and manage payments, for the relevant scheme. If you don't provide the information required, we may be unable to process your application. We will not use your personal information outside of this purpose or share your information without your consent except where required or authorised by law.

See www.wa.gov.au/organisation/department-of-treasury-and-finance/revenuewa-privacy-and-personal-information for details about how your personal information is handled.

Instructions for completing this form

Complete the sections on pages 2 and 3.

Only complete the guardian/caregiver section if the patient does not hold a valid concession card or is unable to sign this form due to age, disability or medical condition.

The applicant will be the primary contact for this subsidy.

- If the guardian/caregiver section is completed, they will be considered the applicant.
- If the guardian/caregiver section is not completed, the patient will be considered the applicant.

Your health practitioner must complete pages 4 and 5. Your health practitioner may be a:

- medical practitioner (e.g. cardiologist, sleep and respiratory specialist, oncologist or general practitioner)
- health practitioner – recertification only (e.g. general practitioner, nurse, pharmacist)

See the full list of health practitioners - https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a147443.html&view=consolidated (s5)

Patient			
First name		Middle name	
Surname		Date of birth	/ /
Home address Where the equipment is being used			
Postal address If different to the address above			
Phone		Email	

Guardian / Caregiver			
Only complete this section if the patient does not hold a valid concession card or is unable to sign this form due to age, disability or medical condition.			
First name		Middle name	
Surname		Date of birth	/ /
Relationship to patient			
Do you live with the patient?	☐ Yes ☐ No	If NO – attach a copy of Power of Attorney or Guardianship Orders	
Home address			
Postal address If different to the address above			
Phone		Email	

Concession card details			
Either the patient or the guardian/caregiver must hold an eligible concession card. A Commonwealth Seniors Health Card is not an eligible concession card for this subsidy.			
☐ Pensioner Concession Card	☐ Health Care Card	☐ 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 – Applicant to complete

I understand:

- 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.
- this consent, once signed, remains valid unless the cardholder withdraws it by contacting RevenueWA or Services Australia.
- 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.
- if consent is withdrawn or proof of circumstances is not provided, the patient may not be eligible for the subsidy.
- 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.
- I will be required to repay any subsidy paid if eligibility has been determined based on incorrect information.

I authorise:

- 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.
- Services Australia to provide the results of that enquiry to RevenueWA.
- RevenueWA to contact the medical practitioner or specialist who signed this application to confirm or seek additional information about this application.
- Energy Policy WA to access the patient's medical records for the purpose of reviewing eligibility for the subsidy.
- payment of the subsidy into the account nominated in this application.

I declare:

- the information in this form is true and correct to the best of my knowledge and belief.
- this subsidy is to offset the cost of energy use associated with the use of life support equipment for the patient at the home address shown on this form.
- neither I nor the patient are currently claiming this subsidy for the patient at another address.
- if applying as the guardian/caregiver, I hold a valid concession card and reside at the same home address as the patient.
- 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.
- I will notify RevenueWA in writing immediately of any change in contact details and address information.
- I will notify RevenueWA in writing immediately of any change in circumstances that affects entitlement to the subsidy.

Applicant's full name			
Signature		Date	

The next two pages of this form must be completed by the health practitioner only.
Do not pre-fill any information on the following pages.

Medical Authorisation – Health practitioner to complete	
Applicants must not pre-fill any information.	
Patient's full name	

Patient's location	**Type of practitioner** Must be registered under the *Health Practitioner Regulation National Law* (WA)
Patient lives within Perth metropolitan area	☐ A medical practitioner (not a general practitioner) who works in a hospital specialist department or holds specialist registration in a recognised medical specialty. ☐ A non-student medical practitioner (including a general practitioner) who has confirmed the patient's diagnosis and prescribed medical equipment based on a medical report from a specialist. ☐ A medical practitioner (including a general practitioner) working in a hospice. ☐ **Recertification applications only** - Someone registered to practice a health profession, including the medical profession, such as a general practitioner, nurse or pharmacist, but not a student. Confirmation must be based on a written diagnosis or medical report provided by a person identified in the categories above.
Patient lives outside Perth metropolitan area	☐ A medical practitioner (not a general practitioner) who works in a hospital specialist department or holds specialist registration in a recognised medical specialty. ☐ A non-student medical practitioner (including a general practitioner) who has confirmed the patient's diagnosis and prescribed medical equipment based on a medical report from a specialist. ☐ A medical practitioner (including a general practitioner) who occasionally works from a local hospital, rural health service or hospice. ☐ **Recertification applications only** - Someone registered to practice a health profession, including the medical profession, such as a general practitioner, nurse or pharmacist, but not a student. Confirmation must be based on a written diagnosis or medical report provided by a person identified in the categories above.

Practitioner details			
First name		Surname	
Email address			
Provider number		Phone number	
Postal address			
Name of health practice			
Position in health practice			
Add stamp			

Item(s) prescribed		Qty
Apnoea monitor (Child only)		
CPAP Machine	(Adult) - only when clinically prescribed for obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation or other life-threatening disease as determined by a specialist, with usage over four hours per night (Child) - only when clinically prescribed for severe obstructive sleep apnoea, tracheomalacia or other life-threatening disease as determined by a specialist	
Feeding pump		
Heart pump – not including a pacemaker		
Machine assisted peritoneal dialysis equipment		
Nebuliser	(Adult) - Only when a tracheostomy is expected to be in place for more than 6 months and nebulised therapy is required for life support purposes (Child) - Only when used for 1-2 hours per day	
Oxygen concentrator - standard capacity (Adult)		
Oxygen concentrator – high capacity 'New Life Intensity' (Adult)		
Oxygen concentrator (Child)		
Suction pump		
Ventilator – VPAP or BPAP machines		
If 2 or more items of the same equipment prescribed, I confirm the multiple items are being used by the patient at the same time		☐

Health practitioner declaration

- I certify the equipment detailed in this application has been provided for the patient named.
- I acknowledge the applicant's/patient's consent to access the medical records for the purposes of reviewing and auditing the subsidy and will cooperate in making the records available.
- I declare:
  - I am suitably qualified and knowledgeable of the patient's condition to complete the medical authorisation and
  - all information I have provided on this medical authorisation is true and correct.
- If I am required to have sighted a specialist report for the purpose of completing this medical authorisation, I confirm the report:
  - provides sufficient information to confirm the diagnosis and
  - prescribes the equipment listed on this form.

Signature		Date	