



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

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 applying online.

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.

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/departments-of-treasury-and-finance/revenue-wa-privacy-and-personal-information for details about how your personal information is handled.

Patient

First name		Middle name	
Surname		Date of birth	/ /

Guardian / Caregiver

Complete this section if the patient doesn't hold a valid concession card or can't sign due to age or disability.

First name		Middle name	
Surname		Date of birth	/ /
Relationship to patient		Do you live with the patient?	Yes ☐ No ☐

Contact and address details (please tick the primary contact)

Patient	☐	Phone		Email	
Guardian / Caregiver	☐	Phone		Email	
Home address:					
Where the energy consumption is being used					
Postal address					
If different to the address above					

Concession card details

☐ 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	
I understand: - the patient must meet at least two of the qualifying conditions to be eligible for the subsidy. - 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 provided by RevenueWA. - 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 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 temperature control 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. - there are no more than two subsidies being paid at this 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 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.	
Full name	☐ Patient ☐ Guardian/Caregiver
Signature	Date / /

Medical Authorisation – Doctor or specialist to complete

To avoid delays in processing, applicants must not complete, pre-fill, alter or add information to any section of this medical authorisation.

A subsidy provided under the Thermoregulatory Dysfunction Energy Support Scheme is intended for patients with a diagnosed medical condition that significantly impairs their ability to regulate body temperature, resulting in a clinically significant impact during exposure to hot or cold environmental temperatures.

To complete this medical authorisation, you must have been actively involved in the patient's care and treatment for a minimum of 3 months.

Full name of patient:

Excluded conditions

☐ I confirm this application is not based solely on any of the conditions below.

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

Medication

Is the patient's thermoregulatory dysfunction solely attributable to medication prescribed to treat a condition, injury or disorder?

☐ No ☐ Yes – the patient is not eligible for the scheme.

Qualifying conditions

1. Does the patient have a diagnosed condition that causes autonomic system dysfunction and is clinically associated with deterioration when exposed to hot or cold temperatures?

For example, severe cases of spinal cord injury, stroke, brain injury, neurodegenerative disorders, multiple sclerosis, familial dysautonomia.

☐ No ☐ Yes – Name of condition: _____

2. Does the patient have a condition or injury that results in significant loss of skin integrity or reduced ability to sweat, affecting their ability to regulate body temperature?

For example, significant burns of greater than 20% of body surface area, severe inflammatory skin conditions and some rare forms of disordered sweating.

☐ No ☐ Yes – Name of condition, injury or disorder: _____

3. Is exposure to hot or cold temperatures likely to result in the patient experiencing impaired autonomic regulation or physiological functioning?

For example, excessive sweating, heart rate increases or changes in blood pressure resulting in dehydration, dizziness or fainting.

☐ No ☐ Yes

Expected length of dysfunction

Is the patient's thermoregulatory dysfunction expected to be permanent and lifelong?

- ☐ No - The patient's thermoregulatory dysfunction is expected to improve, resolve, or change significantly with treatment, recovery, or over time.
- ☐ Yes - I have reviewed a specialist report which confirms the patient's condition results in permanent thermoregulatory dysfunction that is not expected to improve and will persist for the remainder of their life.

Authorisation and declaration

- I understand RevenueWA may contact me to verify the information I have provided on this medical authorisation form.
- 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.
- I declare all information I have provided on this medical authorisation is true and correct.

Doctor full name

Date

/ /

Doctor signature

Provider number

Postal address

Phone number

Email

Add stamp (if available)