



NSW Life Support Rebate APPLICATION FORM On-supplied Household

This form is to be used by residents of on-supplied residential communities, retirement villages and strata schemes.

On-supplied is the term used when the resident receives an electricity bill/invoice issued by, or on behalf of, the owners/management of the residential community, retirement village or strata scheme, rather than a bill issued by an electricity retailer of the residents' choice.

To be eligible for the NSW Life Support Rebate you must be a NSW resident, be responsible for the payment of the electricity account at your principal place of residence where either yourself or another person living at the same address relies on electricity to operate Life Support Equipment.

Do not use this form if you have an electricity account with a retailer eg. Origin Energy, AGL Energy Australia, Red Energy. The correct form can be downloaded from our website at: www.resourcesandenergy.nsw.gov.au/rebates.

Note: you will need to reapply for this rebate every 2 years.

APPLICANT NAME

Please ✓ Ms Mrs Miss Mr Other

First Name:

Last Name:

APPLICANT ADDRESS

Community/Village Name or Strata Plan Number:

Site/Unit Number: Residential Address:

Suburb: Postcode: NSW

Daytime contact number:

Postal Address (if different from above):

Suburb: Postcode: NSW

Email Address:

PATIENT DETAILS

Name of Patient who uses Life Support Equipment:

Contact Phone:



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APPLICATION FORM *On-supplied Household*

MEDICAL PRACTITIONER DETAILS

This section must be completed by the medical practitioner

Practitioner Name:

Provider Number:

Name of Place where the Patient was Reviewed:

(Hospital/clinic/practice)

Name of Patient:

Address of Patient:

APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

The medical practitioner is required to tick the relevant boxes below. See 'Attachment 1' for more information on approved Life Support Equipment.

Please Tick <input checked="" type="checkbox"/>	Equipment	Qualification
<input type="checkbox"/>	Power Wheelchair	Patient must be classified as a quadriplegic NOTE: does not include mobility scooters
<input type="checkbox"/>	Oxygen concentrators (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Enteral feeding pump	-
<input type="checkbox"/>	External heart pump	-
<input type="checkbox"/>	Home dialysis	-
<input type="checkbox"/>	Phototherapy	-
<input type="checkbox"/>	Total Parenteral Nutrition (TPN) pump	-
<input type="checkbox"/>	Ventilators	NOTE: does not include nebulizers, humidifiers or vaporizers

MEDICAL PRACTITIONER DECLARATION

I certify the above patient requires the use of the selected life support equipment.

Signature of Medical Practitioner: Date:



NSW Life Support Rebate APPLICATION FORM On-supplied Household

APPLICANT BANK DETAILS

Bank Name:

Account Name: e.g. Mr S Smith

BSB Number:

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Account Number:

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APPLICANT DECLARATION AND AUTHORISATION

I, (insert name):

Confirm my principal place of residence is (insert address):

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- Please ✓ I am not currently receiving the Life Support Rebate for the supply of electricity at any other property in NSW.
- I have read and understood the information contained within this application form.
- The electricity supply address for my electricity account is the primary place of residence for the above patient (if patient is different from the applicant/electricity account holder).
- I declare that all particulars provided on this application form are, to the best of my knowledge, true and correct.
- I have included a copy of my most recent electricity bill/invoice with this application. **Note: Do not submit your application without the correct electricity bill.**

I understand that:

- it is my responsibility to notify the Department of Planning & Environment in writing if the patient ceases to reside with me or if my circumstances change including the validity of this application or my entitlement to the Life Support Rebate
- the Department of Planning & Environment will use information I have provided to confirm my eligibility for NSW energy rebates and to audit the energy rebates program.
- this consent, once signed, remains valid while I am a customer of the Department of Planning & Environment.
- this application is valid for 24 months and will need to be renewed and validated by a medical practitioner after this time.
- to ensure priority of supply for the life support machine, the Department of Planning & Environment may need to provide my application details to the relevant electricity distributor.

Applicant Signature: Date:



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CHECKLIST On-supplied Household

PLEASE RETAIN THIS PAGE FOR YOUR OWN INFORMATION

Have you completed pages 1, 2 & 3, signed and dated your application form?

The Life Support Rebate is paid once each financial year and applications will be processed according to the date they are received by the Department.

IMPORTANT INFORMATION ABOUT YOUR ELECTRICITY BILL

You must include with your application a copy of your most recent electricity bill issued by, or on behalf of, the management of your residential community, retirement village or strata scheme. The bill must include your name, address and site/unit number and confirm you receive metered electricity. The meter reading on your electricity bill must have been taken after 1 July of the current financial year AND be less than three months old.

ELIGIBILITY CRITERIA

To be eligible for the Life Support Rebate a person must:

- be a resident in New South Wales; and
- be a customer of the retailer, or a long term resident of an on-supplied residential community, or a resident of an on-supplied retirement village, or a resident of an on-supplied strata scheme; and whose name appears on the electricity account for supply to his or her principal place of residence where approved equipment (see approved list in Attachment 1) is used by the customer or another person who lives at the same address; and
- submit a valid application form as provided by the Department of Planning & Environment (the Department), which will be made available to customers on the Department's website, duly signed by a registered medical practitioner (who is not the applicant) to verify that the use of the approved life support equipment is required at his or her principal place of residence.

PRIVACY POLICY

The personal information you provide in the application form is subject to the Privacy & Personal Information Protection Act 1998. It is being collected by the Department of Planning & Environment for purposes related to processing your application for an energy rebate and auditing the rebate program which may include surveying customer experiences. The Department of Planning & Environment will not disclose your personal information to anybody else unless authorised by law. Further information can be obtained from the Department of Planning & Environment website at www.planning.nsw.gov.au/privacy.

WHERE DO I SEND MY COMPLETED FORM?

Post to:

Life Support Rebate
Locked Bag 5123 - Parramatta NSW 2124

Email to:

lihr.program@industry.nsw.gov.au

Support Services:

National Relay Service: 1300 555 727
TTY Users: 133 677
Translation & Interpreter Services: 131 450
Dept. of Human Services (Centrelink): 132 300
Dept. of Veterans' Affairs (DVA): 133 254

More Information: www.resourcesandenergy.nsw.gov.au/rebates



NSW Life Support Rebate

ATTACHMENT 1 Approved Life Support Equipment List

FOR MEDICAL PRACTITIONER'S USE List of Approved Life Support Equipment

Equipment	Examples of brand names*	Annual Rate
Power wheelchairs for quadriplegics	Quickie, Zippie etc. NOTE: does not include mobility scooters	\$100.38
Oxygen concentrators (FT)	Devilbiss etc	\$1039.89 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (PT)	Devilbiss etc	\$618.31 (machine is in use for less than 24 hours a day)
Positive Airways Pressure (PAP) Device (FT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$236.89 (machine must be used continuously for 24 hours a day)
Positive Airways Pressure (PAP) Device (PT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$120.45 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$148.56
External heart pump	Left Ventricular Assist Device	\$36.14
Home dialysis	Haemodialysis or Peritoneal automated cyclor machines - Brand names include: Fresenius, Gambro, Baxter	\$513.92
Phototherapy equipment	Blue light therapy	\$1232.61
Total Parenteral Nutrition (TPN) pump	Volumatic pump Flowguard pump	\$281.05
Ventilators	LTV series, Breas, PLV-100 etc, Iron Lung. NOTE: does not include nebulizers, humidifiers or vaporizers	\$1232.61

NOTE: List of brand names against each piece of equipment has been included for information only, and is not exhaustive.