



NSW Life Support Rebate

APPLICATION FORM - Residential Communities

This form is to be used by residents of residential communities (caravan or mobile home parks) who receive an electricity invoice/bill from the community operator.

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 approved Life Support Equipment.

You will need to reapply for this rebate every 2 years

APPLICANT DETAILS

Please ✓ ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Other

First Name:

Last Name:

Residential Address:

Suburb: Postcode: NSW

Home Phone: Mobile:

Postal Address (if different from residential address):

Suburb: Postcode: NSW

Email Address:

Name of Residential Community:

PATIENT DETAILS

Name of Patient who uses Life Support Equipment:

Contact Phone:



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MEDICAL PRACTITIONER DETAILS

Practitioner First Name:

Practitioner Last Name:

Provider Number:

Name of Patient:

Address of Patient:

Name of Place where the Patient was Reviewed:
(Hospital/clinic/practice)

Phone Number of the Place where the Patient was Reviewed:
(Hospital/clinic/practice)

LIST OF APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

See 'attachment 1' for the list of approved Life Support Equipment

1	
2	

Important: For PAP Devices and Oxygen Concentrators, please specify if the machine is used 12 hours or 24 hours a day.

MEDICAL PRACTITIONER DECLARATION

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

Signature of Medical Practitioner: Date:

APPLICANT BANK DETAILS

Bank Name:

Account Name: e.g. Mr S Smith

BSB Number:

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Account Number:

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APPLICATION FORM - Residential Communities

APPLICANT DECLARATION AND AUTHORISATION

- All particulars provided on this application form are, to the best of my knowledge, true and correct.
- 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 understand that this application is only valid for 24 months and will need to be renewed and validated by a medical practitioner (my GP/Specialist) after this time.
- I understand that to ensure priority of supply for the life support machine, NSW Trade & Investment (the Department) will need to provide my application details to the relevant electricity distributor.
- I understand the information in this form will only be used by the Department to determine eligibility to the NSW Life Support Rebate, and to audit the NSW Life Support Rebate program.

Please ✓ ☐ I have read and understood the information contained within this application form.

☐ I do not receive a bill from an authorised electricity retailer.

☐ I have attached my latest electricity bill.

Applicant Name (please print):

Applicant Signature: Date:

HOW WILL MY REBATE BE PAID?

If eligible the applicant will receive the rebate as either an electronic funds transfer into their bank account or in some circumstances as a cheque sent to their residential address.



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CHECKLIST - Residential Communities

PLEASE ✓ EACH OF THE BELOW IF YOU HAVE COMPLETED THE ACTIVITY

- ☐ I have filled in pages 1, 2 & 3 of this application form.
- ☐ I do not receive a bill from an authorised electricity retailer.
- ☐ I have attached a copy of my latest electricity bill.

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 NSW Trade & Investment for purposes related to processing your application for an energy rebate and auditing the rebate program which may include surveying customer experiences. NSW Trade & Investment will not disclose your personal information to anybody else unless authorised by law. Further information can be obtained from the NSW Trade & Investment website at www.trade.nsw.gov.au/legal/privacy.

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 an electricity retailer, or a long-term resident of an on-supplied residential community (formerly known as residential park), and whose name appears on the electricity account for supply to her or his 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 NSW Trade & Investment (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 her or his principal place of residence.

WHERE DO I SEND MY COMPLETED FORM?

Post to:

NSW Life Support Rebate
 PO Box 3889 - Sydney NSW 2001

Email to:

lihr.program@trade.nsw.gov.au

Fax to:

(02) 8281 7799 marked to the
 Energy Rebate Team

Need help filling in this form?

Call ServiceNSW on 13 77 88

Support Services:

National Relay Service: 1300 555 727

TTY Users: 13 36 77

Translation & Interpreter Services: 13 14 50

More Information:

www.resourcesandenergy.nsw.gov.au/info/lifesupportrebates



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ATTACHMENT 1 - Approved Life Support Equipment List

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

Equipment	Examples of brand names*	Daily rate
Positive Airways Pressure (PAP) Device	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.16 for less than 24 hour usage \$0.32 for 24 hour usage
Enteral feeding pump	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$0.20
Phototherapy equipment	Blue light therapy	\$1.66
Home dialysis	Haemodialysis or Peritoneal automated cyclers machines – Brand names include: Fresenius, Gambro, Baxter	\$0.69
Ventilators	LTV series, Breas, PLV-100 etc, Iron Lung	\$1.66
Oxygen concentrators	Devilbiss etc	\$0.83 for less than 24 hour usage \$1.40 for 24 hour usage
Total Parenteral Nutrition (TPN) pump	Volumatic pump Flowguard pump	\$0.38
External heart pump	Left Ventricular Assist Device	\$0.05

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