



NSW Medical Energy 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 Medical Energy Rebate you must be a NSW resident, hold one of the eligible concession cards listed in the Eligibility Criteria, and be responsible for the payment of the electricity account at your principal place of residence where you or another person living at the same address meets the qualifying conditions.

The NSW Medical Energy Rebate is for customers who have an inability to self-regulate body temperature when exposed to extremes (hot or cold) of environmental temperatures. It is associated with certain medical conditions such as Parkinson's disease and Multiple Sclerosis.

APPLICANT CARD DETAILS

Note: Commonwealth Senior Health Cards are not eligible for this rebate.

CRN Number (Dept. of Human Services)

If you do not know your CRN, please phone DHS on 13 23 00

DVA Number (Dept. of Veteran's Affairs)

If you do not know your number, please phone DVA on 13 32 54

APPLICANT DETAILS

Applicant must be an electricity account holder.

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:



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PATIENT DETAILS

Name of Patient:

Contact Phone:

I consent to the release of my medical records relevant to this application to the Department of Trade and Investment if required as part of its responsibility in administering this Rebate.

Signature of Patient:Date:

MEDICAL PRACTITIONER DETAILS

A medical practitioner (GP/Specialist) who has been treating the patient for at least three months or a medical practitioner (GP/Specialist) treating the patient who has been under the care of the Royal Flying Doctor Service for remote and regional areas for at least three months:

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)



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MEDICAL PRACTITIONER DECLARATION

I certify that the patient has an inability to self-regulate body temperature. I have been treating the above patient for at least three months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least three months and they meet at least one primary and one secondary qualifying condition (tick the relevant boxes below):

Primary Qualifying Conditions (tick at least one condition)	Please tick
a) Autonomic system dysfunction (Medical conditions in which the autonomic system has been damaged (e.g. severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
b) Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20%, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
c) Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. Advanced multiple sclerosis).	<input type="checkbox"/>
d) Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (e.g. complex regional pain syndrome and advanced peripheral vascular disease).	<input type="checkbox"/>
Secondary Qualifying criteria (tick at least one condition)	Please tick
e) Severe immobility (e.g. such as occurs with Quadriplegia or high level paraplegia, particularly above mid thoracic level (T7) resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control).	<input type="checkbox"/>
f) Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
g) Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>

PRIVACY STATEMENT

I note that the Department of Trade & Investment, as part of its responsibility for the administration of this Rebate, may request the release of medical records in support of this application. Medical records pertaining to this application will be maintained for future regular audit of the rebate recipients and the program to be conducted by the Department.

Signature of Medical Practitioner:Date:



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APPLICANT BANK DETAILS

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.

Bank Name:

Account Name: e.g. Ms S Smith

BSB Number:

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Account Number:

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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 the information in this form will only be used by the NSW Department of Trade & Investment to determine eligibility to the NSW Medical Energy Rebate, and to audit the NSW Medical Energy 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:



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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 & 4 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 and Personal Information Protection Act 1998. It is being collected by NSW Trade & Investment and will be used 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 Medical Energy Rebate a person must:

- be resident in New South Wales; and
- be a customer of the retailer, or a long-term resident of an on-supplied residential community (formerly known as a residential park), and whose name appears on the electricity account for supply to his or her principal place of residence; and
- hold either a: Pensioner Concession Card issued by the Department of Human Services (DHS)/Department of Veteran's Affairs (DVA); or DHS Health Care Card; or DVA Gold Card; and
- submit a valid application form as provided by 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 either the customer named on the bill or anyone residing at the residence has an inability to self-regulate body temperature as defined below.

For the purpose of this rebate, an eligible customer has an inability to self-regulate body temperature where the eligible customer (or someone living at the supply address of the eligible customer) has been assessed by a registered treating medical practitioner (who is not the applicant) who has been treating them for at least three months as meeting one of the primary qualifying conditions and one of the secondary qualifying conditions.

WHERE DO I SEND MY COMPLETED FORM?

Post to:

NSW Medical Energy 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/medicalenergyrebate