



Personal Alert Systems

Rebate Scheme

Application for rebates



Government of South Australia

Department for Communities
and Social Inclusion

This application form should be read in conjunction with the *Terms and Conditions* of the Personal Alert Systems Rebate Scheme, the *Client Information Sheet*, and the *Information on Choosing a Personal Alert System* document. All sections must be completed.

Note: Rebates are only available for approved applicants and approved personal alert systems. If you purchase a system before your application has been approved by the Department for Communities and Social Inclusion, there is no certainty that you will receive a rebate.

Section A: About you (the applicant)

Mr / Mrs / Ms Family name: Date of birth:

Given names:

Residential address:

Postcode

(enter exactly as it appears on your Centrelink or Veterans' Affairs card)

Postal address:

Postcode

(if different to above)

Home telephone number: Mobile number:

E-mail:

Are you (do you identify as) Aboriginal or Torres Strait Islander?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a permanent resident of South Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		You are not eligible to apply

Section B: Your income details

Q 1. Are you eligible under the Department of Veterans' Affairs' Rehabilitation Appliances Program?	Yes <input type="checkbox"/>	You are not eligible to apply
	No <input type="checkbox"/>	Proceed to Q2
Q 2. Do you hold a Department of Veterans' Affairs Pensioner Concession Card?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	Proceed to Q3
If YES, please enter the card start date.		
Q 3. If NO, to question 2, do you hold a Centrelink Pensioner Concession Card?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	You are not eligible to apply
If YES, please enter the card start date.		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Q 4. Please enter your Centrelink Customer Reference Number (CRN) OR Veterans' Affairs number	<input type="text"/>	
	<input type="text"/>	



Section C: Your living arrangements

Q 5.	Do you live independently in a retirement village?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	Proceed to Q6
	If YES, is a personal alert system part of the residence contract?	Yes <input type="checkbox"/>	You are not eligible to apply
		No <input type="checkbox"/>	Proceed to Q6
Q 6.	Do you live in supported accommodation, such as a Supported Residential Facility or residential aged care facility?	Yes <input type="checkbox"/>	You are not eligible to apply
		No <input type="checkbox"/>	Proceed to Q7
Q 7.	Do you live alone?	Yes <input type="checkbox"/>	Proceed to Q11
		No <input type="checkbox"/>	Proceed to Q8
Q 8.	Are you alone for most of the day or night?	Yes <input type="checkbox"/>	Proceed to Q11
		No <input type="checkbox"/>	Proceed to Q9
Q 9.	Do you live exclusively with someone who is unable to get to the phone in an emergency, or is unable to use the phone?	Yes <input type="checkbox"/>	Proceed to Q11
		No <input type="checkbox"/>	Proceed to Q10
Q 10.	Do you have a carer who is unable to get to the phone in an emergency or is unable to use the phone?	Yes <input type="checkbox"/>	Proceed to Q11
		No <input type="checkbox"/>	You are not eligible to apply

Section D: Details of your chosen personal alert system

Q 11.	Does the system form part or all of an insurance claim?	Yes <input type="checkbox"/>	Your system is not approved for a rebate
		No <input type="checkbox"/>	
Q 12.	Will you rent, lease or hire the system?	Yes <input type="checkbox"/>	Your system is not approved for a rebate
		No <input type="checkbox"/>	
Q 13.	Will the system be installed at your residential address?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	Your system is not approved for a rebate

Q 14. Supplier details

Business name:

Address:

Telephone: Mobile:

E-mail:

Q 15. System details

Manufacturer:

Model no:

Q 16. Is the system monitored? Yes No Proceed to Q17

If YES, please provide details of the monitoring service:

Business name:

Address:

Telephone: Mobile:

E-mail:

Q 17. Have you purchased the system? Yes No

If YES, what is the date that you purchased the system?

Section E: To be completed by a health professional

This section can only be completed by one of the health professionals listed below.

I am currently practising as one of the following:

- Registered Medical Practitioner
- Registered Physiotherapist
- Registered Occupational Therapist
- Nursing Practitioner or Registered Nurse.

I have seen the applicant in a professional capacity for years and months.

Clinical criteria

Q 18. Do you consider the applicant to be at high risk of a fall? Yes No

If YES, please provide details of the reasons for this:



Q 19. Has the applicant experienced a fall in the last six months that required medical attention? Yes No

If YES, please provide details, and result/s of, the recent fall/s:

Q 20. Does the applicant suffer from a major medical or chronic condition that requires an immediate and urgent response in an emergency? Yes No

If YES, please provide details of this condition:

Functional criteria

Q 21. Does the applicant have sufficient physical function to operate a personal alert system? Yes No

Q 22. Does the applicant have sufficient cognitive function to understand the *Terms and Conditions* of the Rebate Scheme, the *Client Information Sheet*, and the *Information on Choosing a Personal Alert System* document? Yes No

Q 23. Does the applicant have sufficient cognitive function to wear and operate a personal alert system? Yes No

Q 24. Please indicate what type of personal alert system you recommend for the applicant.

Monitored System

Autodialler

Either

Health professional declaration

I am a health professional, and my signature below confirms all the following:

- I have read all the information contained within this form and verify that it is correct to the best of my knowledge.
- I am not the applicant, nor an immediate family member.
- I agree to offer all reasonable assistance and records to assist the *Personal Alert Systems Rebate Scheme* to determine the applicant's eligibility.

Name

Provider number/membership number:

Employer/organisation

Name

Address

Telephone

E-mail

Signature:

Date:



Section F: Authority and declaration

In order to assess and confirm my eligibility for the rebate I have applied for, I authorise Centrelink to confirm with the Department for Communities and Social Inclusion (DCSI) the status of my Commonwealth and Department of Veterans' Affairs (DVA) benefits, and other details as they pertain to my entitlement to a rebate. This involves DCSI electronically matching details I have provided to DCSI with Centrelink or DVA records to confirm whether I am currently receiving a Centrelink or DVA benefit.

I understand that once this consent is given, it remains valid until I receive the rebate, unless I revoke it by contacting Centrelink, or DCSI. I understand that I may not receive the rebate that would otherwise be provided to me by DCSI if I revoke this consent.

I understand that this consent will be used for the sole purpose of authorising Centrelink to provide information to DCSI to assess my eligibility in relation to rebates for personal alert systems.

Note: A brochure that provides more information about the Centrelink Confirmation eServices is available from Centrelink's website at www.centrelink.gov.au.

I declare the following:

- I am willing to wear a personal alert pendant 24 hours a day.
- I am willing to activate the personal alert system if necessary.
- All details provided by me on this form are true and correct.
- I will notify DCSI immediately if the information I have provided in this *Application for Rebates* form changes OR to revoke this authority.
- I understand that it is an offence, pursuant to Section 250 of the Family & Community Services Act 1972, to obtain or attempt to obtain a rebate by means of false pretence and that such an offence carries a fine or term of imprisonment.

Your signature:

Date:

Submit your application:

BY POST to

Concessions and Support Services
Reply Paid 292
Adelaide SA 5001
(no postage stamp required)

For more information:

Telephone

1300 700 169

E-mail

concessions@dfc.sa.gov.au

Internet

www.sa.gov.au/Seniors



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