

# Medical Heating and Cooling Concession

The Medical Heating and Cooling Concession is an energy concession assisting South Australians on a fixed or low income who have a qualifying medical condition requiring the frequent use of heating or cooling in the home to prevent the severe exacerbation of their condition.

The concession is available to more than one person per household. Applicants (or children of applicants) must meet all of the eligibility criteria outlined below.

**Applicants must have an air conditioning unit in their home. This unit may be a fixed or portable air conditioner or heater.**

## Eligibility for the concession

Applicants must;

- be a South Australian resident;
- have (or be a parent/guardian of a child with) a qualifying medical condition requiring cooling or heating to prevent a severe exacerbation of their condition;
- provide certification from their medical specialist or general practitioner that the medical condition is severely exacerbated by hot or cold weather;
- reside at the address on the application form and use an air conditioning or heating unit at that address to meet their medical heating and cooling requirements;
- hold a current Centrelink Pensioner Concession Card, Gold Card from the Department of Veterans' Affairs (DVA)\*, a Commonwealth Low Income Health Care Card, Commonwealth Seniors Health Card or be a recipient of an eligible Centrelink/DVA payment; and
- be financially responsible for the payment or part payment of the energy bill.

**Eligible Payment Types** – ABSTUDY, Austudy, Youth Allowance, Community Development Project (CDP), New Enterprise Incentive Scheme (NEIS), JobSeeker Payment, Partner Allowance, Parenting Payment, Special Benefit, Widow Allowance, Aged/Aged Blind Pension, Carer payment, Civilian Widow, Disability/Blind, DVA Service Pension, Parenting Payment Single, Widow B pension, Wife pension, NZ or British War Widow's Pension, Farm Household Allowance.

\***Department of Veterans' Affairs** – DVA Gold Health Card (EDA, TPI, War Widow or with 80 or more overall impairment points under the *Military Rehabilitation and Compensation Act 2004*).

## Children with medical conditions

Where the person with the qualifying medical condition is a dependent child, the applicant will be the parent or legal guardian of the child.

Where a child with a qualifying medical condition is in a **foster care arrangement**, the carer's income will be exempt from the income eligibility criteria for the application relating to that child.

Where **shared care arrangements** are in place for a child with a qualifying medical condition the applicant (parent/guardian of the child) will be asked to indicate the percentage of time they care for the child (e.g. 55%).

Each parent/guardian party to **shared care arrangements** for a child with a qualifying medical condition may apply for the concession if they meet the eligibility criteria. However only one medical certification is required for the child

Where approved, the concession amount will be a direct calculation based on the percentage of care of the child. If a parent/guardian disputes the details provided by the other parent/guardian a statutory declaration will need to be provided in support of their application.

## Qualifying Medical Conditions

To qualify the applicant/child must have a medical condition with an evidence-based associated deterioration of this condition in temperature extremes **AND** must have experienced symptomatic deterioration with temperature change. In some cases a specialist opinion may be recommended. The primary medical condition and associated secondary criteria must require the use of an air conditioner or heating unit for medical purposes to ensure the impact of hot or cold weather does not severely exacerbate the condition.

**Primary medical** conditions may include but are not limited to the following:

- Multiple Sclerosis
- Parkinson's Disease
- Fibromyalgia
- Muscular Dystrophy
- Systemic Lupus Erythematosus (SLE)
- Motor Neurone Disease
- Lymphoedema (>Grade 1)
- Post Polio syndrome/Poliomyelitis
- Tetraplegia

If the primary condition meets the eligibility criteria but is not specifically listed the medical practitioner may specify an "other qualifying condition". If the specified "other qualifying condition" is not a common primary condition a specialist opinion may be necessary to confirm the patient meets the eligibility criteria.

**Secondary criteria** include:

- Loss of proper autonomic regulation of sweating, heart rate or blood pressure (associated with hot or cold weather).
- Loss of skin integrity or sweating capacity (including significant burns (or pressure skin garment) to greater than 20% surface area, severe inflammatory skin conditions and some rare forms of disordered sweating).
- Hypersensitivity to extremes of environmental temperature leading to an unacceptable increase in pain or discomfort or an increased risk of complications.
- Verified (or known) loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.
- Clinically verified thermoregulatory dysfunction (the nature of this must be recorded in the patient's case record).
- This condition is known to be associated with symptomatic deterioration in hot or cold weather.

If the applicant or child has never consulted a medical specialist for their primary condition, or does not have the required documentation, the applicant or child will need to consult a medical specialist.

Costs associated with the medical assessment must be met by the applicant.

# Medical Heating and Cooling Concession

## Energy consumption and payment

The applicant, or immediate family (husband, wife, defacto partner, domestic partner, parent/guardian), must be financially responsible for the full or part payment of the energy bill and must provide acceptable proof of payment.

**Energy types** include:

- mains power including electricity and gas provided by an energy retailer;
- non-mains power including LPG, diesel or petrol generators or heating oil provided by a person, business or operator of a complex.

**Acceptable proof** may be:

- the account issued by the energy retailer, or;
- invoice issued by a person, business or operator of a complex, or;
- a payment receipt.

## Eligible accommodation

Shared housing arrangements.

Residential parks, retirement villages or long term caravan parks where separate accounts are issued for energy consumption by the operator of the complex.

## Ineligible accommodation

Australian Government funded housing such as nursing homes and hostels or other similar accommodation where energy accounts are not issued separately are not eligible.

## Payment of the concession

Concession payments will be paid quarterly to eligible applicants by electronic funds transfer or to the electricity account nominated on the application form (where possible).

The concession may be backdated for a period of time to allow applicants (or their dependent children) to have the medical certification signed by their specialist during their regular appointment schedule.

## Renewal of concession eligibility

Approved applicants with permanent medical conditions, as certified by the medical practitioner, will only be required to reapply if the Medical Cooling and Heating Concession payments have ceased (due to ineligibility) since the previous application.

All other approved applicants will need to submit a new application form every 2 years, including:

- Arranging for the medical practitioner to complete the medical certification, and;
- Completing all other relevant details.

## Privacy notice

Information on this form is collected to assess the applicant's eligibility and to manage payment of the concession under the Medical Heating and Cooling Concession Scheme.

Eligibility assessment can only be undertaken if consent is given for the exchange of personal information between the relevant government agencies, the energy provider and the medical practitioners noted on the application form, as required.

## Change of circumstances

The applicant must notify ConcessionsSA immediately of any changes to their, or their child's, eligibility to receive the concession including changes to their:

- address
- living arrangements
- Centrelink payment or card type
- energy retailer.

Call the Medical Heating and Cooling line on 1300 735 350 or email [concessions@sa.gov.au](mailto:concessions@sa.gov.au) to notify ConcessionsSA of any changes.

## How to apply

Step 1: Complete Sections A to F of the application form

Step 2: Arrange for the medical certification section to be completed by a medical practitioner. The medical practitioner must be a:

- medical specialist **OR**
- general practitioner who has:
  - treated the applicant or the child for at least three months, and;
  - seen a document from a medical specialist who diagnosed or treated the applicant or the child for the primary condition.

Step 3: Send the completed application form and any attachments (energy accounts, invoices or receipts) to:

Email: [concessions@sa.gov.au](mailto:concessions@sa.gov.au)

Post: Medical Heating and Cooling Concession  
Reply Paid 292  
Adelaide SA 5001  
**(no postage stamp required)**

Note: An application form will need to be completed for each person with a qualifying medical condition living at the address.

## For more information:

**Visit:** [www.sa.gov.au/concessions](http://www.sa.gov.au/concessions)

**Email:** [concessions@sa.gov.au](mailto:concessions@sa.gov.au)

**Phone:** Medical Heating and Cooling line on 1300 735 350

## Medical Heating and Cooling Concession

### SECTION A – Applicant details (including parent/guardian)

Enter your details exactly as they appear on your Centrelink or Department of Veterans' Affairs (DVA) Card (if applicable)

If you are the parent/guardian of a child with a medical condition enter your details in this section.

Title  Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Centrelink Customer Reference Number

CRN ---

DVA file number

File no.

Are you Aboriginal?  Yes  No

### SECTION B – Details of dependent child with medical condition

Complete this section only if you are applying for a dependent child.

Child's given name(s): \_\_\_\_\_

Child's surname: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

**Q1** Is the child in shared care arrangements (i.e. between two homes)  Yes  No

**Q2** If yes, what percentage of time does the child live at this address? \_\_\_\_\_%

**Q3** Is there a foster care arrangement in place for this child?  Yes  No

**Q4** If yes, what was the commencement date for this care arrangement? **dd / mm / yyyy**

### SECTION C – Energy usage and account details

**Q5** Is there an air conditioner and/or heating unit at this address?  Yes  No - **you are not eligible**

**Q6** Are you responsible for payment of some or all of the energy bill?  Yes  No - **you are not eligible**

**Q7** What date did you start paying for energy at this address? **dd / mm / yyyy**

**Q8** Account holder name: \_\_\_\_\_

**Q9** Electricity retailer: \_\_\_\_\_

**Q10** Electricity account No: \_\_\_\_\_ NMI No: (if known – refer to bill) \_\_\_\_\_

**Q11** If you do not receive a bill for your energy use from a retailer or operator of a complex, how do you pay for your energy (provide invoices or receipts)?

Generate own energy  Use LPG  Other (please specify) \_\_\_\_\_

## SECTION D – Your banking details

**Note: You must provide your electronic funds transfer (EFT) banking details to receive certain concessions. Contact your bank or credit union if you are unsure of your banking details**

BSB number -  
(6 digits)

Account number   
(maximum 9 digits)

Account holder's name \_\_\_\_\_

Tick here if the account holder's name **does not match your name** and it is **not** a joint account.

The Department of Human Services (DHS) undertakes not to use your banking details for any purpose other than paying concessions for which you are eligible. DHS will not disclose your banking details to, or share them with, any person or organisation other than those who are directly involved in processing concession payments to your account.

## SECTION E – Authority and declaration

I \_\_\_\_\_ **authorise:**  
(patient/applicant or parent/legal guardian's name)

- The South Australian Government Department of Human Services (DHS) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my customer details and Services Australia (the agency) to provide the results of that enquiry to DHS.

### understand that:

- The agency will disclose personal information to DHS including my name/date of birth/address/concession card status/payment type/payment status/dependants to confirm my eligibility for relevant concessions, rebates or services.
- This consent, once given, remains valid while I am a customer of DHS unless I withdraw it by contacting DHS or the agency.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concessions, rebates or services provided by DHS.

**You must tick the applicable box**  **Yes**  **No**

### I declare that:

- The details I have provided on this form are true and correct, and I agree to indemnify DHS against any loss or damage if the details provided are incorrect.
- I will notify DHS immediately if the information I have provided in this application changes OR to revoke this authority.
- I understand that DHS will access and exchange information with other government departments and utility providers in order to confirm my eligibility for the concessions I have applied for, and for the ongoing administering of these concessions.
- I understand that it is an offence against section 140 of the *Criminal Law Consolidation Act 1935* to give misleading information on this document with the intention of deceiving DHS in order to receive a benefit.
- DHS may use information I have provided to check whether I am currently in receipt of, or may be eligible for, other South Australian concessions. If DHS determines that I may be eligible for other South Australian concessions, DHS can use information I have provided to contact me about my potential eligibility for other South Australian concessions.

**Signature of patient/applicant  
(or parent/legal guardian):** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can we communicate with you about other government programs and services?  Yes  No

## SECTION F – Patient release of information consent

I consent to the release of the medical records relevant to this application to the Department of Human Services if required as part of its responsibility in administering this concession.

**Signature of patient/applicant**

**(or parent/legal guardian):** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION G – Medical Certification

To be completed by a Medical Specialist. A GP may complete this section if they have **sighted a Medical Specialist letter** confirming prior diagnosis of the primary condition and have **treated the applicant for at least 3 months**.

To qualify the patient must have a medical condition with an evidence based associated deterioration of this condition in temperature extremes and must have experienced symptomatic deterioration with temperature change.

The primary medical condition and associated secondary criteria noted below must require the use of an air conditioner for medical purposes to ensure the impact of hot or cold weather does not severely exacerbate the condition.

**Q1 The patient's primary condition is:** (tick one)

- Multiple Sclerosis       Parkinson's Disease       Lymphoedema (>Grade 1)       Fibromyalgia
- Tetraplegia       Post Polio syndrome/Poliomyelitis       Motor Neurone Disease
- Systemic Lupus Erythematosus (SLE)       Muscular Dystrophy
- Other qualifying condition (specify): \_\_\_\_\_

**Q2 The patient meets at least one of the following secondary criteria** (tick one)

- A.  This condition is clinically associated with symptomatic deterioration in hot or cold weather and is true for this patient
- B. The primary condition in conjunction with the following secondary condition results in a symptomatic deterioration of this patient's medical condition in hot or cold weather:
- Loss of proper autonomic regulation of sweating, heart rate or blood pressure (associated with hot or cold weather)
- Loss of skin integrity or sweating capacity (including significant burns (or pressure skin garment) to greater than 20% surface area, severe inflammatory skin conditions and some rare forms of disordered sweating)
- Hypersensitivity to extremes of environmental temperature leading to an unacceptable increase in pain/discomfort or an increased risk of complications
- Verified (or known) loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature
- Clinically verified thermoregulatory dysfunction (The nature of this must be recorded in the patient's case record)

**Q3 Is the symptomatic deterioration due to temperature sensitivity associated with the patients condition permanent?**     Yes       No

## SECTION H – Certifying Medical Practitioner Declaration

Answer ALL questions and provide a diagnosis date.

**Q4** I am a currently practising:

- Medical Specialist       General Practitioner/Physician **(complete the Medical Specialist details below)**

**Q5** As the certifying Medical Practitioner I attest that:

- I am a Medical Specialist or I have sighted the letter confirming the diagnosis/treatment of the primary condition;
- the patient meets the secondary qualifying criteria noted above and this condition was:
- DIAGNOSED before 01/07/2011 OR
  - DIAGNOSED on dd / mm / yyyy **(insert diagnosis date)**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### If GP has been indicated above, copy the Medical Specialist details from the sighted documentation

Specialist Provider Number: \_\_\_\_\_

Specialist Name: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital/clinic where the patient was reviewed: \_\_\_\_\_

#### Submit your application

##### BY EMAIL

concessions@sa.gov.au

##### BY POST (no postage stamp required)

Medical Heating and Cooling Concession  
Reply Paid 292  
Adelaide SA 5001

#### For more information

**Visit:** [www.sa.gov.au/concessions](http://www.sa.gov.au/concessions)

**Email:** [concessions@sa.gov.au](mailto:concessions@sa.gov.au)

**Phone:** Medical Heating and Cooling line on 1300 735 350