

# Personal AlertSA



## Application for Approval

### How to apply

**Step 1** Read the Personal AlertSA (PASA) information sheet (pages 2 and 3) and Application for Approval form carefully.



**Step 2** Contact My Aged Care on 1800 200 422 to seek an assessment for aged care services. My Aged Care is separate to PASA. Eligibility for PASA is affected by your My Aged Care assessment.



**Step 3** Complete the Application for Approval form, using the information in your My Aged Care support plan. Sign and make sure you understand the Authority and Declaration statements in Section F.



**Step 4** A registered health professional must complete Section G. Submit your application within twelve weeks of the registered health professional signing Section G.

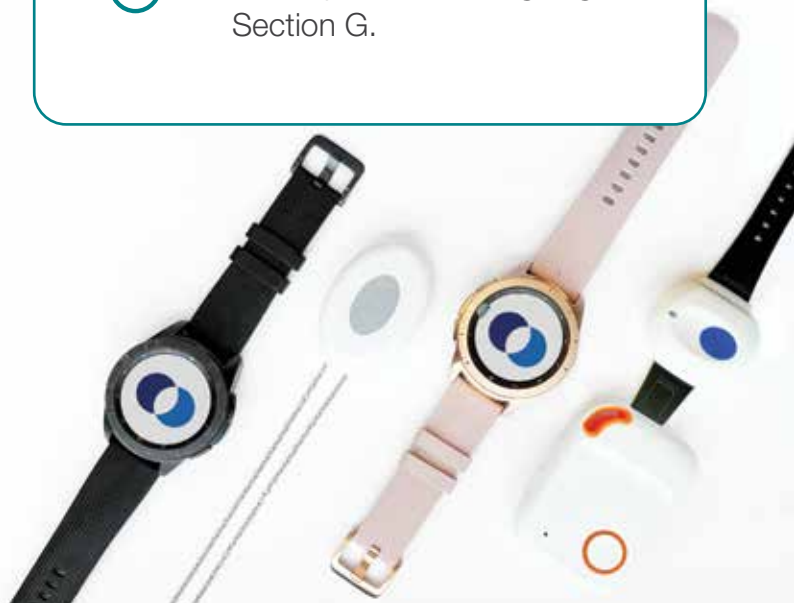


**Step 5** Submit the completed form:

@ [pasa@sa.gov.au](mailto:pasa@sa.gov.au)

✉ (no postage stamp required)

Personal AlertSA  
Reply Paid 292  
Adelaide SA 5001



## For more information:

For information or help with filling out an application form or choosing an alert system, contact Catalyst Foundation.

**Catalyst Foundation** aims to support the independence and quality of life of South Australians by:

- providing free and independent information on services and accommodation
- helping people to navigate and connect with services such as My Aged Care, NDIS and myGov, and
- supporting learning opportunities including digital literacy, community education and events.

 [catalystfoundation.com.au](https://catalystfoundation.com.au)

 [information@catalystfoundation.com.au](mailto:information@catalystfoundation.com.au)

 (08) 8168 8776 or 1800 636 368 (SA Country Freecall)

 47 Tynte Street, North Adelaide SA 5006

**Catalyst Foundation** manages **Independent Living Centre SA** (ILCSA), which provides free information and advice on Assistive Technology and equipment.

 [ilcsa.com.au](https://ilcsa.com.au)

 [information@ilcsa.com.au](mailto:information@ilcsa.com.au)

 phone 1800 445 272 (Freecall)

 47 Tynte Street, North Adelaide SA 5006



# Personal AlertSA Information Sheet

## Why do I need to contact My Aged Care?

The Commonwealth Government program, My Aged Care, can help you access services at home that support your wellbeing and help you stay independent. Receiving help with regular activities at the right time can help you manage better at home. My Aged Care eligibility applies to those aged over 65, or aged over 50 for Aboriginal people. To find out more about My Aged Care:

 [myagedcare.gov.au](https://myagedcare.gov.au)

 1800 200 422

Eligibility for PASA is affected by your My Aged Care assessment.

## What is a personal alert system?

A personal alert system is a device that enables you to call for help in an emergency if you are unable to access or use a telephone. An alert system is usually a lightweight pendant worn on the wrist or around the neck. Users press a button to alert friends, family, or an approved monitoring service, in an emergency.

## What can PASA provide me?


- up to \$380 for purchase and installation
- up to \$200 per year for approved monitoring services.

PASA pay your chosen supplier directly for the purchase and monitoring of your system.

## Can I choose my alert system and/or supplier?

Only **approved** alert systems provided by an approved supplier are eligible for PASA. For a list of approved alert systems and suppliers:

 [sa.gov.au/concessions/pasa](https://sa.gov.au/concessions/pasa)

 1300 700 169

## Am I eligible?

You must:

- be aged 75 years or older (65 years or older if you are Aboriginal)
- have a Centrelink or Department of Veterans' Affairs (DVA) Pensioner Concession Card
- have sought an assessment from My Aged Care and been assessed as one of the following:
  - approved for the Commonwealth Home Support Programme (CHSP)
  - approved for a level 1 Home Care Package (HCP)
  - approved for a level 2–4 HCP and not assigned a Level 1, 2, 3 or 4 HCP
  - not eligible for a HCP or CHSP.
- be a permanent resident of South Australia
- meet the additional clinical, functional and social criteria requirements.

## What are the additional criteria?

A registered health professional must certify that you meet **ALL** of the clinical and functional criteria.

### Clinical criteria

- high risk of falls
- suffer from an ongoing major medical condition that requires an emergency response.

### Functional criteria

- have sufficient physical and cognitive function to wear and operate the alert system
- be willing to wear the alert system and to activate it if necessary.

### Social criteria

You must meet **ONE** or more of the following:

- be living alone
- be alone for a minimum of five consecutive hours, four times a week
- be living exclusively with someone who is unable to communicate using a phone in an emergency.

# Personal AlertSA Information Sheet

## Who is not eligible?

- people who have not sought an assessment from My Aged Care
- people approved for a level 2–4 HCP who have been assigned a Level 1, 2, 3 or 4 HCP
- people who have rejected a HCP or CHSP
- people currently participating in the Transition Care Programme (TCP)
- veterans or veterans' widows/widowers who are eligible under the DVA Rehabilitation Appliances Program
- DVA Gold Card holders
- people who live independently in a retirement village where a personal alert system, or similar service, is included in the residence contract
- people who live in supported accommodation, such as a supported residential facility or residential aged care facility.

## Who is a 'registered health professional'?

Your chosen health professional must be one of the following:

- registered medical practitioner or general practitioner (GP)
- nurse practitioner or registered nurse
- registered occupational therapist.

You must submit your application within twelve weeks of the registered health professional signing Section G.

## Liability

The Department of Human Services and/or the Minister for Human Services are not liable for ensuring that any personal alert system is:

- appropriate for an individual's circumstances
- delivered in a timely manner and in proper working order
- installed / repaired appropriately
- used appropriately by the individual
- responded to adequately upon activation.

## If your application is approved:

We will send you a Letter of Approval with a list of approved PASA suppliers and alert systems.

Call your chosen supplier and tell them that you have been approved for PASA.

You have six weeks from the approval date to select a supplier and an alert system.

## Purchasing an alert system

ConcessionsSA will pay the approved supplier up to \$380 towards the purchase and installation of an approved alert system. If the total charges are more than \$380, you are responsible for paying the difference directly to your supplier. Only one alert system is available per household.

## Monitoring

ConcessionsSA will pay up to \$200 per year towards monitoring costs, paid directly to your approved supplier. If the total charges are more than \$200, you are responsible for paying the difference directly to your supplier.

## If your application is declined:

If your application is declined, you will receive a letter advising you of the reasons for this decision, and who you can contact for more information or to discuss your application.

# Personal AlertSA Information Sheet

**PASA is only available to approved applicants for approved alert systems. If you buy an alert system before your application has been approved by ConcessionsSA, you will not receive assistance from PASA for the purchase.**

## Section A – About you (the applicant)

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

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

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

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

Residential address (exactly as it appears on your Centrelink or Department of Veterans' Affairs card)

\_\_\_\_\_ Postcode \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Are you Aboriginal?  Yes  No

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

## Section B – Your income details

**Q1** Do you hold a Centrelink or Department of Veterans' Affairs (DVA) Pensioner Concession Card?  
 Yes  No - **you are not eligible**

**Q2** Do you hold a DVA gold card?  
 Yes - **you are not eligible** (contact the DVA Rehabilitation Appliances Program)  No

**Q3** Enter your Centrelink Customer Reference Number (CRN) or DVA file number:

CRN  -  -  DVA

## Section C – Your living arrangements

**Q4** Do you live in supported accommodation (such as a residential aged care facility) or accommodation where a personal alert system is included in the residence contract?  
 Yes - **you are not eligible**  No

**Q5** Do you live alone?  Yes - **go to Q8**  No

**Q6** Do you spend a minimum of five consecutive hours alone, at least four times a week?  
 Yes  No

**Q7** Do you live with someone who is able to communicate using a phone in an emergency?  
 Yes  No

## Section D – Your Commonwealth Home Care Package details

- Q8** Have you contacted My Aged Care to seek an assessment for aged care services?  
 Yes  No - **contact My Aged Care on 1800 200 422 to seek an assessment**
- Q9** What is your Aged Care (AC) ID?   
Your AC ID can be found on the top left corner of the front page of your My Aged Care Support Plan (underneath your name).
- Q10** Did My Aged Care arrange an assessment for you?  
 Yes Approximate date of assessment: **dd / mm / yyyy**  
 No (I refused the assessment)  
 No (I wasn't eligible for an assessment) - **go to Q14**
- Q11** What services were you **approved** as eligible to receive (this will be on your Support Plan)?  
 Commonwealth Home Support Programme  
 Home Care Package (tick level)  
 **Level 1**  **Level 2**  **Level 3**  **Level 4**  
 None
- Q12** What services have you been **assigned** (the services you are currently receiving, which may be different to the services you have been approved for)?  
 Commonwealth Home Support Programme  
 Transition Care Programme End Date: **dd / mm / yyyy**  
 Home Care Package (tick level)  
 **Level 1**  **Level 2**  **Level 3**  **Level 4**  
 None
- Q13** Have you accepted the My Aged Care services offered?  
 Yes  No

## Section E – Details of your personal alert system

- Q14** Do you currently have a personal alert system?  
 Yes - **provide details**  No - **go to Section F**
- Name of supplier: \_\_\_\_\_
- Name of system: \_\_\_\_\_
- Date of purchase: **dd / mm / yyyy**

## Section F – Applicant Authority and Declaration

I

(write applicant's name)

### authorise:

- The 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.

### and understand that:

- The agency will disclose personal information to DHS including my name/address/payment type/payment status/concession card status to confirm my eligibility for relevant concessions, rebates or services.
- This consent, once signed, 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:

- I authorise the Department of Human Services (DHS) to request access to any medical records held by my treating general medical practitioner or other health professional for the purpose of determining if I qualify for Personal AlertSA.
- I understand that neither the Minister nor the Crown in right of South Australia is responsible for ensuring that the system is appropriate for my individual circumstances, is in proper working order, is installed and operates effectively, or any consequence arising from activation.
- 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 authorise DHS officers to contact me to conduct research on the product I purchased and to use the information provided on the application form to measure and monitor the success of the scheme.
- I understand that DHS may conduct inspections to verify a claim. In the event that the applicant is found to have provided false information, the Personal AlertSA payment amounts must be repaid.
- I understand that the Minister for Human Services reserves the right to alter, change or cancel the scheme at any time.
- I understand that DHS will access and exchange information with other government departments and relevant service providers in order to confirm my eligibility for Personal AlertSA, and for the ongoing administering of Personal AlertSA.
- I understand that it is an offence against section 140 of the *Criminal Law Consolidation Act 1935* (SA) 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.

Your signature: \_\_\_\_\_

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

## Section G – Clinical information

This section must be completed by a **registered health professional**.

**Answer ALL questions.**

**Q15** I am a currently practising:

- Registered medical practitioner or general practitioner (GP)
- Nurse practitioner or registered nurse
- Registered occupational therapist

**Q16** Applicant's full name: \_\_\_\_\_

**Q17** Is the applicant a high fall risk?  Yes  No

**Q18** Does the applicant suffer from an ongoing major medical condition that requires an emergency response?  Yes  No

**Q19** Does the applicant have sufficient physical function to operate a personal alert system?  Yes  No

**Q20** Does the applicant have sufficient cognitive function to wear and operate a personal alert system?  Yes  No

## Health professional declaration

I am a registered health professional, and my signature below certifies that:

- To the best of my knowledge the answers provided in Section D and Section G are true and correct.
- I am not the applicant, nor an immediate family member.
- I agree to offer all reasonable assistance and records to assist Department of Human Services to determine the applicant's eligibility.

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

Health professional name: \_\_\_\_\_

Provider / Registration number: \_\_\_\_\_


Employer / Organisation name: \_\_\_\_\_

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

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

### Submit your application

 [pasa@sa.gov.au](mailto:pasa@sa.gov.au)

 (no postage stamp required)  
Personal AlertSA  
Reply Paid 292, Adelaide SA 5001

### For more information

 [sa.gov.au/concessions/pasa](http://sa.gov.au/concessions/pasa)

 [pasa@sa.gov.au](mailto:pasa@sa.gov.au)

 1300 700 169

### Alternative formats

The information in this publication can be provided in an alternative format or another language on request by calling 1300 700 169.