Application for Approval

How to apply

☐ Step 1  Read the Personal Alert Systems Rebate Scheme (PARS) information sheet (page 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 services are separate to PARS. Eligibility for PARS is affected by any eligibility you may have for aged care services under My Aged Care.

☐ Step 3  Complete the Application for Approval form. Sign and make sure you understand the Authority and Declaration statements in Section F.

☐ Step 4  A registered health professional must complete Section G.

☐ Step 5  Submit the completed form:
  By email  pasrs@sa.gov.au
  By fax  (08) 8226 7047

For more information:
For information or help with filling out an application form or choosing an alert system, contact one of the organisations below.

Independent Living Centre (ILC) provides free information and advice on equipment to help individuals improve their quality of life and maintain their independence.

  Web  www.ilcaustralia.org.au
  Email  ilcsa@sa.gov.au
  Phone  (08) 8266 5260
  Visit  ILC at 11 Blacks Road, Gilles Plains

The Catalyst Foundation aims to improve the independence and quality of life for seniors by providing free information about available services and facilities.

  Web  www.catalystfoundation.com.au
  Email  information@catalystfoundation.com.au
  Phone  (08) 8168 8776 or 1800 636 368 (SA Country Freecall)
  Visit  Catalyst Foundation at 149 Currie Street, Adelaide
Why do I need to contact My Aged Care?
The Commonwealth Government program, My Aged Care, can help you access services at home which can 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:

Visit www.myagedcare.gov.au

Phone 1800 200 422

Eligibility for PARS is affected by any eligibility you may have under My Aged Care.

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. Alert systems are usually a lightweight pendant worn on the wrist or around the neck, with a button to alert a monitoring service in an emergency.

What is the rebate?
The scheme provides:
- up to $380 for purchase and installation
- up to $200 per year for monitoring services

PARS is paid directly to your chosen supplier.

Can I choose my alert system and/or supplier?
Only approved alert systems provided by an approved supplier are eligible for PARS. For a list of approved alert systems and suppliers:


Call 1300 700 169

Am I eligible?
To be 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 for aged care services and been assessed
  as not eligible OR approved for:
  - Commonwealth Home Support Programme (CHSP) OR
  - level 1 Home Care Package (HCP) OR
  - level 2-4 HCP and not assigned an interim HCP
- 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 while in your residence and to activate it if necessary.

Social criteria
You must meet ONE or more of the following:
- be living alone
- be alone for most of the day or night
- be living exclusively with someone who is unable to communicate using a phone in an emergency.
Who is not eligible?
• people who have not sought an assessment for aged care services from My Aged Care
• people approved for a level 2 - 4 HCP who have been assigned an HCP
• people who have rejected an HCP or CHSP
• people currently participating in a Transitional 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 registered health professional must be one of the following:
• registered medical practitioner or general practitioner (GP)
• nurse practitioner or registered nurse
• registered occupational therapist.

If your application is approved:
If your application is successful you will receive a Letter of Approval. Your approval remains valid for six weeks from the approval date. You must choose a PARS approved supplier and system within that period. For a list of PARS approved suppliers and systems:
Call 1300 700 169
Make sure you tell your chosen PARS approved supplier that you have been approved for PARS.

Purchasing an alert system
ConcessionsSA will pay the approved supplier up to $380 towards the purchase and installation of an approved alert system. The alert system must be installed at the applicant’s residential address and only one alert system is available per household.

Monitoring
ConcessionsSA will pay up to $200 per year towards monitoring costs, paid directly to your 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.

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.
Personal Alert Systems Rebate Scheme

PARS 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 PARS 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

Are you a permanent resident of South Australia? □ Yes □ No - you are not eligible

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

Section B – Your income details

Q1 Are you eligible under the Department of Veterans’ Affairs (DVA) Rehabilitation Appliances Program?
□ Yes - you are not eligible □ No

Q2 Do you hold a Centrelink or DVA Pensioner Concession Card?
□ Yes (Gold Card holders are not eligible) □ No - you are not eligible

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

CRN ___________ - ___________ - ___________ DVA ___________
Section C – Your Commonwealth Home Care Package details

Q4 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

Q5 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).

Q6 Did My Aged Care arrange an assessment for you?
☐ Yes ☐ No (I wasn’t eligible for an assessment) - go to Q9

Q7 What services were you approved as eligible to receive (this will be on your Support Plan)?
☐ Commonwealth Home Support Programme
☐ Transitional Care Programme
☐ Commonwealth Home Care Package (tick level)
☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4
☐ None

Q8 What services have you been assigned?
☐ Commonwealth Home Support Programme
☐ Transitional Care Programme
☐ Commonwealth Home Care Package (tick level)
☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4
☐ None

Section D – Your living arrangements

Q9 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

Q10 Do you live alone?
☐ Yes - go to Q14 ☐ No

Q11 Are you alone for most of the day or night?
☐ Yes ☐ No

Q12 What is the average amount of time you spend alone a week? __________ hours

Q13 Do you live with someone who is able to communicate using a phone in an emergency?
☐ Yes ☐ No

Section E – Details of your personal alert system

Q14 Do you currently have a personal alert system in your home?
☐ Yes - provide details ☐ No - go to Section F

Name of supplier: _________________________________________________________________

Name of system: __________________________________________________________________

Date of purchase: dd / mm / yyyy
I _____________________________________________________________________________________

(write applicant’s name)

I 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 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 rebates or services provided by DHS and providers of relevant services.

You must tick the applicable box  □ Yes  □ No

I declare that:

• I am willing to wear a personal alert system while at my residence.

• I am willing to activate the personal alert system if necessary.

• 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 a rebate or service.

• 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 rebate amount 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 services providers in order to confirm my eligibility for a rebate or service, and for the ongoing administering of these rebates and services.

• I understand that my personal information will only be used or disclosed for purposes relating to the scheme in accordance with the Government of South Australia’s Information Privacy Principles. Applicants wishing to update or access the information that DHS holds about them should contact DHS.

• 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 – This section must be completed by a registered health professional

Answer ALL questions.

Q17  I am a currently practising:
- [ ] Registered medical practitioner or general practitioner (GP)
- [ ] Nurse practitioner or registered nurse
- [ ] Registered occupational therapist

Q18  Is the applicant a high fall risk?  [ ] Yes  [ ] No

Q19  Does the applicant suffer from an ongoing major medical condition that requires an emergency response?  [ ] Yes  [ ] No

Q20  Does the applicant have sufficient physical function to operate a personal alert system?  [ ] Yes  [ ] No

Q21  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 C 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 ConcessionsSA to determine the applicant’s eligibility.

Signature: ___________________________________________ Date: ____ / ____ / _______

Name: __________________________________________________________________________________

Provider / Registration number: ______________________________________________________________

Employer / Organisation name: ______________________________________________________________

Address: _______________________________________________________________________________

Telephone: ______________________________________________________________________________