



Author: EnableNSW		Document ID: FM100004
Approved by: Robert Lagaida		Version: 03
Modified: May 2015		Published: May 2015
<b>Local Health District *</b>		
<input type="checkbox"/> Central Coast	<input type="checkbox"/> South West Sydney	<input type="checkbox"/> Mid North Coast
<input type="checkbox"/> Illawarra Shoalhaven	<input type="checkbox"/> Sydney	<input type="checkbox"/> Murrumbidgee
<input type="checkbox"/> Nepean Blue Mtns	<input type="checkbox"/> Western Sydney	<input type="checkbox"/> Northern NSW
<input type="checkbox"/> Northern Sydney	<input type="checkbox"/> Far West	<input type="checkbox"/> Southern NSW
<input type="checkbox"/> South East Sydney	<input type="checkbox"/> Hunter New England	<input type="checkbox"/> Western NSW

## EnableNSW Application Form

EnableNSW provides assistive technology and services to eligible NSW residents with a chronic medical condition or permanent/long term disability.

This form is used when applying for assistance from an EnableNSW program. Please select which program/s you are applying for:

- Aids & Equipment Program
- Specialised Equipment Essential for Discharge (SEED) program
- Home Respiratory Program, comprising:
  - Home Oxygen Service (HOS)
  - Children's Home Ventilation Program (CHVP)
  - Adult Home Ventilation Program (AHVP)
- Prosthetic Limb Service

### INSTRUCTIONS

- An **Application Form** needs to be completed by the applicant or their representative the first time the applicant is requesting assistance from EnableNSW.
- This form provides the applicant's demographic information and details of their medical condition/ disability for the purpose of determining eligibility. EnableNSW may request an updated Application Form at any time to ensure this information is current.
- In addition to this Application Form, an **Equipment Request Form** is required and must be completed by an eligible prescriber. The Equipment Request Form provides information regarding the assessment process and reasons for recommendation of the assistive technology.
- Current demographic information and a relevant Equipment Request Form are required for EnableNSW to process requests.

#### Checklist:

- all sections completed
- declaration in section 7 signed by the applicant or their representative
- copy of Medicare card attached
- copy of Pension card attached (*if applicable*)
- copy of permanent residency visa (*if applicable*)
- copy of Australian Taxation Office assessment notice attached (*if applicable*)
- Equipment Request Form completed by an eligible prescriber attached

For further information or assistance:

Telephone: 1800 ENABLE (1800 362 253)

Email: [HSNSW-enable@health.nsw.gov.au](mailto:HSNSW-enable@health.nsw.gov.au)

Website: [www.enable.health.nsw.gov.au](http://www.enable.health.nsw.gov.au)

## 1. Personal Details

Title:			Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other:
			Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	
Family Name:				Given Name:			
Date of Birth:				Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
				<input type="checkbox"/> Other			
Permanent Residential Address:							
Suburb/Town:				Postcode:			
Telephone:				Mobile:			
Fax:				Are you happy to receive updates via SMS?			
				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email:							
Are you happy to receive updates via email? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Preferred contact method:		Home phone	<input type="checkbox"/>	Email	<input type="checkbox"/>		
		Mobile phone	<input type="checkbox"/>	Postal mail	<input type="checkbox"/>		
Postal Address ( <i>if different from above</i> )							
Suburb/Town:				Postcode:			
Diagnosis/Medical Condition:							
Where possible, please provide date of diagnosis and cause of injury: <i>If applying for SEED, this information is mandatory</i>							
Do you have a disability that is permanent or long-term? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Are you of Aboriginal or Torres Strait Islander origin?							
Aboriginal		<input type="checkbox"/>	Both Aboriginal and Torres Strait Islander		<input type="checkbox"/>		
Torres Strait Islander		<input type="checkbox"/>	Neither		<input type="checkbox"/>		
Are you a permanent resident of NSW (Australian Citizen or holder of permanent residency visa)							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
What is your country of birth?							
Do you need an interpreter when dealing with EnableNSW? This includes an interpreter for people who have a communication or hearing impairment.							
No <input type="checkbox"/>							
Yes <input type="checkbox"/> ► Please provide details							

**If you require assistance or further information to complete this form please contact EnableNSW at 1800 ENABLE (1800 362 253).**

<b>Applicant's Full Name:</b>	<b>DOB:</b>	
-------------------------------	-------------	--

## 2. Alternative contact person

Title:	Family Name:	Given name:	
Relationship:			
Address:			
Suburb/Town:		Postcode:	
Telephone:	Mobile:	Fax:	
Email:			

## 3. Type of Residence

Is your usual address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Private home or rental (including Housing NSW, independent living unit in retirement village)</li> </ul>		
<ul style="list-style-type: none"> <li>Group Home (maximum of 8 residents) operated by a <b>Non-Government Organisation</b></li> <li>If yes, does the accommodation provider receive block funding from Ageing, Disability and Home Care (ADHC) or are you receiving an Individual Funding Package?  <input type="checkbox"/> Block Funding                      <input type="checkbox"/> Individual Package                      <input type="checkbox"/> Unsure</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Large Residential Centre (greater than 8 residents) operated by a <b>Non-Government Organisation</b></li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Supported Accommodation setting operated by <b>Ageing, Disability and Home Care</b> (ADHC Group Home or Large Residential Centre)</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Residential Aged Care Facility</b> (includes nursing home or hostel) If 'yes', please provide name of the facility</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Temporary/Respite Care Facility</b> If 'yes', please provide the name of the facility</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Other</b>, please specify:</li> </ul>		
Are you currently residing at your usual address? If no, please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are currently in hospital, what is your anticipated date of discharge and discharge destination? Date of discharge <input type="checkbox"/> Return to usual address,    OR <input type="checkbox"/> Change of usual address, please provide details:		

**If you require assistance or further information to complete this form please contact EnableNSW at 1800 ENABLE (1800 362 253).**

<b>Applicant's Full Name:</b>	<b>DOB:</b>	
-------------------------------	-------------	--

#### 4. Other Assistance

In order to assess your eligibility, EnableNSW requires information about any other government funded programs that you are eligible for/ in receipt of.

Have you applied for or do you receive assistance from any of the following:  
*Please note, people eligible for or receiving assistance from the following programs are **ineligible** for EnableNSW:*

Australian Government Aged Care Home Care Package (Level 1, 2, 3 or 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transitional Aged Care Package (TACS/TACP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aids for Individuals in ADHC Accommodation Services (AIDAS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lifetime Care and Support Authority (LTCSA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Please note, people eligible for or receiving assistance from the following programs **may be eligible** for EnableNSW, but the level of assistance may be adjusted:*

Individualised Funding Package through Ageing, Disability and Home Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide information about what your package includes and excludes to help us review your eligibility.</i>		
Continence Aids Payment Scheme (CAPS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Disability Insurance Scheme (NDIS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Commonwealth Home Support Program (formerly HACC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Department of Veterans Affairs (DVA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide DVA number and card colour:		
WorkCover, Compulsory Third Party or other insurance scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , please provide details:		
Dust Diseases Board	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , please provide details:		

Will you be seeking or have you received compensation relating to your disability/injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If **yes**, please provide name of insurer/solicitor and claim number:

*Please note, people who have received compensation or damages in respect of the condition/disability for which equipment/services are required are ineligible for EnableNSW. Exceptions will be reviewed on a case by case basis.*

**If you require assistance or further information to complete this form please contact EnableNSW at 1800 ENABLE (1800 362 253).**

<b>Applicant's Full Name:</b>	<b>DOB:</b>	
-------------------------------	-------------	--

**5. Medicare and financial eligibility (complete relevant sections)**

Medicare No:  
 Line no: \_\_\_\_\_ Expiry: \_\_\_\_\_  
**Please attach copy of your Medicare card**

If you are under 16 years of age, you do not need to provide information relating to income. *Please proceed to section 6.*

**Customer Confirmation**

I \_\_\_\_\_ authorise:

- EnableNSW to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- The Australian Government Department of Human Services to provide the results of that enquiry to EnableNSW.

I understand that:

- The department will use information I have provided to EnableNSW to confirm my eligibility for EnableNSW programs and services and will disclose to EnableNSW personal information including my name, address, payment and concession card type and status.
- This consent, once signed, remains valid while I am a customer of EnableNSW unless I withdraw it by contacting EnableNSW or the department.
- I can obtain proof of my circumstances/details from the department and provide it to EnableNSW so that my eligibility for EnableNSW programs and services can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for programs and services provided by EnableNSW.

Details about the Centrelink Confirmation eServices are available on Centrelink's website.

Do you authorise EnableNSW to confirm the current status of your Commonwealth Benefit and other details as they pertain to your concessional entitlement?

Yes  No

If **yes**, please provide:

Pension Type \_\_\_\_\_

Pension Card Number: \_\_\_\_\_

Not applicable: \_\_\_\_\_

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

If you do not wish to authorise EnableNSW to confirm the current status of your Commonwealth Benefit and other details as they pertain to your concessional entitlement, **please attach a photocopy of your pension card.**

<b>Applicant's Full Name:</b>	<b>DOB:</b>	
-------------------------------	-------------	--

Are you in receipt of other income? Yes  No

If **yes**, please attach a copy of your Australian Taxation Office Assessment Notice from the most recent financial year.

Do you have a spouse/partner (opposite/same-sex)? Yes  No

Is your spouse/partner in receipt of a pension? Yes  No

If **yes**,

Pension Type:

Pension Card Number:

Please attach a copy of your spouse's/partner's pension card.

Is your spouse/partner in receipt of other income? Yes  No

If **yes**, please attach a copy of your spouse's/partner's Australian Taxation Office Assessment Notice from the most recent financial year.

Do you have any dependants? Yes  No

If **yes**, how many?

## 6. Applicant authority

**Are you completing this form on behalf of the applicant?** Yes  No

If **yes**, please note that you need the applicant's authority/agreement.  
Please complete the following:

Your family name:	Your given name:
-------------------	------------------

Relationship to applicant:

Telephone:	Mobile:
------------	---------

Your signature:	Date:
-----------------	-------

<b>Applicant's Full Name:</b>	<b>DOB:</b>	
-------------------------------	-------------	--

## 7. Declaration

- I declare that all the information I have supplied on this application is true and correct to the best of my knowledge.
- I agree to enquiries being made by EnableNSW to other agencies and services for the purpose of obtaining information about eligibility and assessment for the requested equipment and/or service.
- I agree to the use and disclosure of my personal information, provided that it is necessary and relevant for the purpose of EnableNSW assisting me with the provision of equipment/repairs and services.\*
- I accept that the available equipment that meets my assessed need and goal may be re-allocated or new.
- I acknowledge that the equipment is on loan to me for as long as I need it and I agree to return any equipment when it is no longer needed.
- I agree to care for any equipment received and to notify EnableNSW when repairs or maintenance are needed.
- I agree to reimburse EnableNSW for the cost of equipment, repairs and/or services provided in the event that a compensation claim results in a settlement relating to the condition for which the equipment/services were provided.
- I agree to be respectful and courteous to EnableNSW staff.

**\*Privacy:** The information contained in this application is protected by law from unauthorised access and misuse. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful excuse. For more information about privacy please visit our website at [www.enable.health.nsw.gov.au](http://www.enable.health.nsw.gov.au).

<b>SIGNATURE:</b>	<b>Date:</b>
-------------------	--------------

### Email, Post or Fax completed form to EnableNSW

**Email:** HSNSW-enable@health.nsw.gov.au

**Post:** EnableNSW  
 HealthShare NSW  
 Locked Bag 5270  
 PARRAMATTA NSW 2124

**Fax:** (02) 8797 6543