



# NSW Life Support Rebate



## Application form: Embedded network (on-supply) households

This form is to be used by eligible households in an embedded network (on-supply) such as a retirement village, caravan park or strata scheme.



### How to complete this form

- The applicant's name must match the name on the:
  - electricity bill or invoice
  - bank account.
- The address must be the applicant's principal place of residence.
- Use CAPITAL letters.
- Complete all pages.

\*You must submit a Medical Declaration signed by your medical practitioner every 2 years.

### Applicant details

First name:	
Last name:	
Community/village name or strata plan number:	
Site/unit number:	
Street address:	
Suburb:	
Postcode:	
Contact phone number:	
Email:	
Postal address (if different from above):	
Suburb:	
Postcode:	

## Applicant bank details

Bank name:	
Account name (e.g. Mr S Smith):	
BSB number:	
Account number:	

If you're eligible for the rebate, the NSW Office of Energy and Climate Change (OECC) will pay the rebate into the account you have provided above. Please ensure that the bank details are correct. If you provide us incorrect bank details, we may pay the rebate into that account. This means you may not receive a rebate payment unless the funds are returned. This may affect your eligibility for other rebates. It is entirely your responsibility to ensure the bank details you provide on this form are correct.

## Applicant declaration and authorisation statement

I understand that:

- OECC will use Centrelink Confirmation eServices to verify my eligibility for the rebate.
- I must include a copy of my most recent energy bill/invoice with this application.
- It is my responsibility to ensure that all the information provided in this application is, to the best of my knowledge, true and correct and I will notify the OECC of any changes to my information.
- I may be required to provide additional information about my eligibility.
- I can only receive the NSW Life Support Rebate once per financial year, per equipment type.
- By signing this document, I can confirm that I have read and understood the Privacy Collection Notice (available at [www.energy.nsw.gov.au/privacy-collection-notice](http://www.energy.nsw.gov.au/privacy-collection-notice)).
- It is a criminal offence under the *Crimes Act 1900* to provide false or misleading information.

Applicant signature:

Date:

## Medical declaration

### Patient details

Name of patient who uses life support equipment:	
Address of patient:	
Patient daytime contact number:	

I consent to the release of my medical records relevant to this application to the OECC if required as part of its responsibility in administering this rebate. I have read and understood the Energy Rebates Privacy Collection Notice.

Patient signature:

Date:

## Medical practitioner details

This section must be completed by the patient’s medical practitioner.

<b>Practitioner name:</b>	
<b>Provider number:</b>	
<b>Name of place where patient was reviewed (hospital/clinic/practice):</b>	
<b>Phone number of place where patient was reviewed (hospital/clinic/practice):</b>	

## Approved life support equipment prescribed for the patient

The patient’s medical practitioner is required to select the relevant check box/es below. See page 4 for more information on approved life support equipment. To meet the criteria for the NSW Life Support Rebate, the patient must have been assessed by a registered medical professional to verify that the use of the approved life support equipment is required at their principal place of residence.

### Medical practitioner declaration

I certify that the patient requires the use of:

Check box	Equipment	Qualification
<input type="checkbox"/>	Oxygen concentrators (full-time)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (part-time)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive airway pressure device (full-time)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive airway pressure device (part-time)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Enteral feeding pump	-
<input type="checkbox"/>	External heart pump	-
<input type="checkbox"/>	Home dialysis	-
<input type="checkbox"/>	Phototherapy	-
<input type="checkbox"/>	Power wheelchairs	Patient must be classified as a quadriplegic <b>Note:</b> does not include mobility scooters
<input type="checkbox"/>	Total parenteral nutrition pump	-
<input type="checkbox"/>	Ventilators	<b>Note:</b> does not include nebulizers, humidifiers or vaporizers

I declare that all information provided in this application is, to the best of my knowledge, true and correct.

I consent to the OECC contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

## Approved life support equipment

Equipment type	Equipment examples*	Annual rebate
Oxygen concentrators (full-time)	Devilbiss etc	\$1,248.67 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (part-time)	Devilbiss etc	\$742.78 (machine is in use for less than 24 hours a day)
Positive airway pressure device (full-time)	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$285.07 (machine must be used continuously for 24 hours a day)
Positive airway pressure device (part-time)	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$144.54 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo ePump Companion–Abbott Flexiflow Patrol Enteral Pump	\$176.66
External heart pump	Left ventricular assist device	\$44.17
Home dialysis	Haemodialysis or peritoneal automated cyclers machines –for example: Fresenius, Gambro, Baxter	\$618.31
Phototherapy equipment	Blue light therapy	\$1,477.52
Power wheelchairs for quadriplegics Note: does not include mobility scooters	Quickie, Zippie, etc.	\$120.45
Total parenteral nutrition pump	Volumatic pump Flowguard pump	\$337.26
Ventilators Note: does not include nebulizers, humidifiers or vaporizers	LTV series, Breas, PLV-100 etc, Iron Lung	\$1,477.52

\*List of brand names against each piece of equipment has been included for information only and is not exhaustive.

## Consent for person to act on your behalf (optional)

Only complete this section if you would like someone to act on your behalf in relation to this application.

I authorise [REDACTED], who can be

contacted by phone on [REDACTED] or via

email at [REDACTED]

to speak to OECC on my behalf about this application.

**I understand that I can withdraw this consent at any time by contacting OECC on (02) 8073 9255.**

## Consent to contact (optional)

I consent to the OECC to contact me about my experience applying for the rebate.

## Submitting this form

Before you send this application have you:

- Verified all details you have supplied are correct?
- Filled out all sections of this form?
- Signed and agreed to all the conditions listed in the declaration?
- Attached a copy of all pages of your most recent energy bill?

Post the signed completed form and a copy of your most recent electricity bill to:

**NSW Life Support Rebate, PO Box 435, Parramatta NSW 2124.**

Do not use staples or sticky tape on documents.