



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.



Complete this form to apply for the Life Support Rebate. This rebate helps people who use, or live with people who use, energy-intensive life support equipment, to pay their energy bills.

How to complete this form

- The applicant's name must match the name on the:
 - electricity bill or invoice
 - nominated bank account.
- The address must be the applicant's principal place of residence.
- Use CAPITAL letters.
- Complete all pages.
- The **Applicant** is the energy account holder. The Applicant will need to complete pages 2 and 3 of this form.
- The **Patient** is the user of the life support equipment. The Patient will need to complete the declaration on page 4 of this form.
- The **Medical Practitioner** who treats the Patient will need to review the patient details, and complete the medical practitioner sections on pages 4 and 5 of this form.

Approved life support equipment is listed on page 6.

A new application form and medical declaration must be completed and submitted every year or when the medical equipment of the patient or their primary place of residence changes.

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Applicant details

The applicant must be the primary account holder of the electricity account at the applicant's and patient's primary place of residence.

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 Department of Climate Change, Energy, the Environment and Water (DCCEEW) will pay the rebate into the account you have provided above. Please ensure that your 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, the applicant, understand that:

- 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 DCCEEW, in a timely manner, 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).
- It is a criminal offence under the *Crimes Act 1900* to provide false or misleading information.

Applicant signature:

Date:

Consent for person to act on the applicant's behalf (optional)

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

I authorise

who can be contacted by phone on

or via email at

to communicate with DCCEEW on my behalf about this application.

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

Consent to contact (optional)

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

Patient details and medical declaration

This part of the form should be filled out by the applicant and the registered medical practitioner where indicated.

Patient details

This section must be completed by the patient.

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

I, the patient, agree for my information to be shared with DCCEEW.

I consent to the release of my medical records relevant to this application to DCCEEW 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:	
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Medical practitioner details

This section must be completed by the patient's regular registered medical practitioner. The patient must have been treated by this practitioner for more than 3 months.

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

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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 6 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 Note: does not include mobility scooters
<input type="checkbox"/>	Total parenteral nutrition pump	-
<input type="checkbox"/>	Ventilators	Note: does not include nebulizers, humidifiers or vaporizers

I, the medical practitioner, declare that all information, including the patient’s address on page 4, provided in this application is, to the best of my knowledge, true and correct.

I, the medical practitioner, consent to DCCEEW 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.	\$1,523.38 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (part-time)	Devilbiss, etc.	\$906.19 (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	\$347.79 (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	\$176.34 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo ePump, Companion-Abbott Flexiflow, Patro Enteral Pump	\$215.53
External heart pump	Left ventricular assist device	\$53.89
Home dialysis	Haemodialysis or peritoneal automated cyclers machines – for example: Fresenius, Gambro, Baxter	\$754.34
Phototherapy equipment	Blue light therapy	\$1,802.57
Power wheelchairs for quadriplegics Note: does not include mobility scooters	Quickie, Zippie, etc.	\$146.95
Total parenteral nutrition pump	Volumatic Pump, Flowguard pump	\$411.46
Ventilators Note: does not include nebulizers, humidifiers or vaporizers	LTV Series Ventilators, Breas Vivo Series, Respironics Lifecare PLV-100, Iron Lung, etc.	\$1,802.57

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

Submitting this form

Before sending this form ensure that:

- all details supplied are verified and correct
- all sections of this form are filled out
- all conditions listed in the declarations are signed and agreed
- the medical practitioner has signed and completed all relevant sections on pages 4 and 5
- a copy of all pages of most recent electricity bill is attached.

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.