



NSW Medical Energy 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.

Rebate amount
\$385



Complete this form to apply for the Medical Energy Rebate. This rebate helps people who are unable, or live with people who are unable, to self-regulate body temperature, 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.
- Must also match the Services Australia Customer Reference Number (CRN) or Department of Veterans' Affairs (DVA) Number
- 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 person who is unable to self-regulate body temperature. 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.

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.

Services Australia CRN:	
DVA Number:	
First name:	
Last name:	
Community/village name or strata plan number:	
Site/unit number:	
Street address:	
Suburb:	
Postcode:	
Contact phone number:	
Email address:	
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 (DCCEE) 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, authorise:

- DCCEEW to use Centrelink Confirmation eServices to perform a Centrelink or Department of Veterans' Affairs enquiry of my Centrelink or Department of Veterans' Affairs customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service.
- Services Australia to provide the results of that enquiry to DCCEEW.

I, the applicant, understand that:

- Services Australia will disclose personal information to DCCEEW including my name, address, payment type, payment status and concession card type and status to confirm my eligibility for the NSW Medical Energy Rebate.
- This consent, once signed, remains valid while I am a customer of DCCEEW unless I withdraw it by contacting DCCEEW or Services Australia. I can get proof of my circumstances or details from Services Australia and provide it to DCCEEW so they can determine my eligibility for the NSW Medical Energy Rebate.
- If I withdraw my consent or don't alternatively provide proof of my circumstances or details, I may not be eligible for the NSW Medical Energy Rebate provided by DCCEEW.
- 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 Medical Energy Rebate once per financial year.
- I must have consent from the patient to use and disclose their details for the purpose of this application.
- 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 patient and the registered medical practitioner where indicated.

Patient details

This section must be completed by the patient.

Name of patient:	
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):	

Medical assessment

To meet the criteria for the NSW Medical Energy Rebate, the patient must have been assessed by a registered medical professional who has been treating them for at least 3 months, where the patient:

- has an inability to self-regulate body temperature
- meets one of the four primary qualifying conditions and one of the three secondary qualifying conditions listed in the table.

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Medical practitioner declaration

I certify that the patient has an inability to self-regulate body temperature. I have been treating the patient for at least 3 months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least 3 months, and they meet at least one primary and one secondary qualifying condition as indicated in this table:

Primary qualifying conditions (select at least one)	Check box
Autonomic system dysfunction (medical conditions in which the autonomic system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20% of the body, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. advanced multiple sclerosis).	<input type="checkbox"/>
Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (e.g. complex regional pain syndrome and advanced peripheral vascular disease).	<input type="checkbox"/>
Secondary qualifying conditions (select at least one)	Check box
Severe immobility, such as occurs with quadriplegia or high-level paraplegia, particularly above mid-thoracic level (T7) resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control.	<input type="checkbox"/>
Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>

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 the energy retailer contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

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 Medical Energy Rebate, PO Box 435, Parramatta NSW 2124.

Do not use staples or sticky tape on documents.