

NSW Life Support Rebate



Application form: On-supply households

This form is to be used by residents of eligible on-supplied residential communities, retirement villages and strata schemes.



The NSW Life Support Rebate helps you pay your electricity bills if you or someone living with you uses approved energy-intensive equipment at home. Applicants can receive more than one rebate if the patient's medical practitioner certifies they require more than one eligible equipment type.

On-supplied is the term used when a household receives an electricity bill/invoice issued by, or on behalf of, their residential community, retirement village or strata scheme, rather than a bill issued by an electricity retailer of the households' choice. If you receive an electricity bill from your retailer, please contact them to apply for your rebate.

If eligible, you will receive the rebate from the NSW Department of Planning, Industry and Environment (the Department) as a deposit into your nominated bank account.

You can apply online at: www.service.nsw.gov.au/transaction/apply-life-support-energy-rebate-supply-customers.

Before you start

Before filling in this application please ensure you have:

- your personal and contact details

- a signed and completed medical practitioner declaration (PDF/JPEG format) to upload with this form (the medical practitioner declaration is on page 5 below)

- your bank account details for electronic funds transfer

- a copy of your latest electricity bill (PDF format or clear photographs of the bill/invoice are acceptable).

Checklist

Eligibility criteria

To be eligible for this rebate you must:

- be a current NSW resident

- be a resident of an eligible on-supplied residential community (registered with NSW Fair Trading), retirement village (registered with NSW Fair Trading) or strata scheme (registered with NSW Land Registry Services)

- be named on the electricity account for supply of electricity to your principal place of residence where approved life support equipment as defined on page 7 is used by you or another person who lives at the same address, **and**

- submit a valid application form provided by the Department, signed by a registered medical practitioner (who is not the applicant) to verify that the use of the approved life support equipment is required at the applicant's principal place of residence.

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Important information

This rebate is paid once per household, per financial year to eligible applicants.

Applications will be processed according to the date they are received by the Department.

A new application and invoice must be submitted each financial year for the rebate to be claimed.

A new signed medical declaration on pages 5 & 6 must be submitted every 2 years.

The application period runs from 1 July to 30 June each financial year. **Your application must be received by 30 June for it to be assessed for that financial year.**

You must include a copy of an electricity bill issued by, or on behalf of, your eligible residential community, retirement village or strata scheme with your application. The bill must include the community or on-supplier's contact details, your name and address and site/unit number. The meter reading or usage amount must be dated after 1 July in the current financial year AND be less than 3 months old. Your invoice must be printed and not hand-written.

If you are submitting this application under a power of attorney you must attach a certified copy of the power of attorney with this application.

More information

Visit the Service NSW website at: www.service.nsw.gov.au/services/concessions-rebates-and-assistance or

Call the Energy NSW Energy Rebates Team: 02 8073 9255

Privacy Notice

The Department of Planning, Industry and Environment (the Department), located at 4 Parramatta Square, 12 Darcy Street, Parramatta NSW 2150, is subject to the *Privacy and Personal Information Protection Act 1998* in managing the personal information and health information collected in this form.

The Department is collecting personal and health information for the purposes of processing your application for an energy rebate (including assessing your eligibility), paying a rebate to you if you are eligible, administering the energy rebates scheme and auditing the rebate program which may include surveying customer experiences.

In completing this form you may provide the personal and/or health information of another person. Before you provide this information you must seek the consent of that person to disclose their information to the Department and for it to be used in accordance with this Privacy Notice.

The Department will disclose personal and health information collected in this form to the medical practitioner listed on the application to confirm the accuracy of this information. The Department may disclose your personal information and health information to a third party engaged to carry out an audit of the rebate. The Department will not disclose personal or health information collected in this form to anybody else unless authorised by law.

Applying for this rebate is voluntary. However, if you decide to apply, unless otherwise noted, all personal and health information requested directly from you must be provided for the Department to process your application.

A person who provides personal information or health information in this form has the right to access that information from the Department and request that the Department updates or amends this information. For further details, email: rebates@energysaver.nsw.gov.au.

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Filling in this form

- Please use CAPITAL letters.
- The applicant name must match the name printed on your energy bill/invoice.
- The address included on the application must be the applicant's principal place of residence.
- The bank account to be paid must be in the applicant's name.

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 Department will pay the amount into your nominated account.

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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 _____, who can be
contacted by phone on _____ to:

- speak to the Department on my behalf to assist with processing this application
- clarify any information provided in this form to assist with processing this application.

I have confirmed with the above nominated person that they agree to act on my behalf and advised them that their information will be collected and managed in accordance with the Privacy Notice in this form.

I understand that I can withdraw this consent at any time by contacting the Energy Rebates Team on 02 8073 9255 or at rebates@energysaver.nsw.gov.au.

Applicant declaration and authorisation statement

I (insert name), _____ of (insert principal
place of residence) _____ :

- have read and understood all information in this application form, including the Checklist and Privacy Notice
- declare that all information provided in this application is, to the best of my knowledge, true and correct
- understand that it is my responsibility to notify the Department of any changes to the information I have provided in this form
- agree to provide additional information about my eligibility on request
- understand that this application, once signed, remains valid for the financial year that the application relates to unless I withdraw it by contacting the Department
- have included a copy of my most recent energy bill/invoice with this application
- understand that the Department will use Services Australia eServices to perform a Services Australia enquiry of my Services Australia customer details and concession card status to enable the Department to determine if I qualify for the rebate.

Consent to contact (optional)

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

Power of attorney (when application signed under power of attorney)

I have attached the certified copy of the power of attorney with this application.

Applicant signature: _____

Date: _____

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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 Department if required as part of its responsibility in administering this rebate. I have read and understood the Privacy Notice.

Patient signature:

Date:

Medical practitioner details

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

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 7 for more information on approved life support equipment.

Medical practitioner declaration

I certify that the patient requires the use of:

Check box	Equipment	Qualification
	Oxygen concentrators (full-time)	Machine is used continuously for 24 hours a day
	Oxygen concentrators (part-time)	Machine is used less than 24 hours a day (part-time)
	Positive airway pressure device (full-time)	Machine is used continuously for 24 hours a day
	Positive airway pressure device (part-time)	Machine is used less than 24 hours a day (part-time)
	Enteral feeding pump	—
	External heart pump	—
	Home dialysis	—
	Phototherapy	—
	Power wheelchairs	Patient must be classified as a quadriplegic Note: does not include mobility scooters
	Total parenteral nutrition pump	—
	Ventilators	Note: 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 Department contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

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Approved life support equipment

Equipment type	Equipment examples*	Annual rebate
Oxygen concentrators (full-time)	Devilbiss etc	\$1248.67 (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	\$1477.52
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	\$1477.52

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

Submitting this form

Email the completed form to: rebates@energysaver.nsw.gov.au or

Post the completed form to: NSW Life Support Rebate, PO Box 435, Parramatta NSW 2124.

If you are posting the form, **do not use staples or sticky tape on documents.**