



# Personal Alert Systems Rebate Scheme

## Application for Approval

This application form should be read in conjunction with the following documents relating to the **Personal Alert Systems Rebate Scheme**; the **Terms and Conditions** the **Client Information Sheet**, and the **Information on Choosing a Personal Alert System**. All sections must be completed.

**Note:** Price-rebated systems and price-rebated monitoring are only available for pre-approved applicants.

### Section A: About you (the applicant)

Mr  Miss  Ms  Mrs  Other .....

Given name .....

Family name .....

Date of birth .....

Residential address (exactly as it appears on your Centrelink or Veterans' Affairs card)  
.....

..... Postcode .....

Postal address (if different from above) .....

..... Postcode .....

Home telephone .....

Mobile number .....

Email .....

Are you (or do you identify as) Aboriginal or Torres Strait Islander?  Yes  No

Are you a permanent resident of South Australia?

Yes  No - you are not eligible to apply.

## Section B: Your income details

**1. Are you eligible under the Department of Veterans' Affairs' Rehabilitation Appliances Program?**

Yes - You are not eligible to apply.  No

**2. Do you hold a Department of Veterans' Affairs Pensioner Concession Card?**

Yes  No

If YES, please enter the card start date:.....

**3. Do you hold a Centrelink Pensioner Concession Card?**

Yes  No - You are not eligible to apply

If YES, please enter the card start date:.....

**4. Please enter your Centrelink Customer Reference Number (CRN) or Veterans' Affairs number:**

.....

## Section C: Your living arrangements

**5. Do you live in a retirement village?**  Yes  No

If YES, is a personal alert system part of the residence contract?

Yes - you are not eligible to apply.  No

**6. Do you live in supported accommodation, such as a supported residential facility or residential aged care facility?**

Yes - you are not eligible to apply.  No

**7. Do you live alone?**  Yes - proceed to 10.  No

**8. Are you alone for most of the day or night?**  Yes  No

If YES, indicate below how many hours you spend alone:

Alone for 1-2 continuous hours in a 24hr period

Alone for 3-4 continuous hours in a 24hr period

Alone for 5-6 continuous hours in a 24hr period.

Another continuous amount of time in a 24hr period. Please specify:.....

How many times a week are you alone for the continuous period indicated above?

.....

**9. Do you live exclusively with someone who is unable to get to the phone in an emergency, or is unable to use the phone?**  Yes  No

If YES, please tick the box that best describes why they are unable to use a phone in an emergency:

- limited / no English
  - severe physical disability
  - diagnosed illness / disease / disorder
  - other (please provide additional information).
- .....

**Section D: Details of your chosen personal alert system**

**10. Have you purchased a system?**  Yes  No - proceed to 16.

If YES, what is the date that you purchased the system?

.....

**11. Is the system rented, leased or hired?**

- Yes - the system is not approved for rebate.  No

**12. Is the system installed at your residential address?**

- Yes  No - the system is not approved for rebate.

**13. Supplier details**

Business name .....

Telephone .....

Mobile .....

Email .....

**14. Is the system monitored?**  Yes  No - proceed to 17.

If YES, please provide details of the monitoring service

Business name .....

Telephone .....

Mobile .....

Email .....

**15. System details**

Manufacturer .....

Model no .....

**16. If you have not purchased a system, will the system be installed at your residential address?**  Yes  No - the system is not approved for rebate.

**Section E: To be completed by a health professional**

**This section can only be completed by one of the health professionals listed below.**

**I am a currently practising:**

- Registered Medical Practitioner
- Registered Physiotherapist
- Registered Occupational Therapist
- Nurse Practitioner or Registered Nurse

I have seen the applicant in a professional capacity for ..... years and ..... months.

**Clinical criteria**

**17. Do you consider the applicant to be at high risk of a fall?**  Yes  No

If YES, provide details to support your assessment:

.....  
.....

**18. Does the applicant suffer from a major medical or chronic condition that requires an immediate and urgent response in an emergency?**

Yes  No

If YES, provide details of this condition:

.....  
.....

**19. Does the applicant have sufficient physical function to operate a personal alert system?**  Yes  No

**20. Does the applicant have sufficient cognitive function to understand the Terms and Conditions of the Rebate Scheme, the Client Information Sheet, and the Information on Choosing a Personal Alert System document?**    Yes    No

**21. Does the applicant have sufficient cognitive function to wear and operate a personal alert system?**    Yes    No

**22. Please indicate what type of personal alert system you recommend for the applicant:**    Monitored System    Autodialler    either

**Health professional declaration**

I am a health professional, and my signature below certifies that:

- I have read all the information contained within this form and verify that it is correct to the best of my knowledge
- I am not the applicant, nor an immediate family member
- I agree to offer all reasonable assistance and records to assist the Personal Alert Systems Rebate Scheme to determine the applicant’s eligibility.

Name .....

Provider number / membership number .....

Employer / organisation name .....

Address .....

Telephone.....

Email .....

Signature .....

Date .....

**Section F: Authority and declaration**

In order to assess and confirm my eligibility for the rebate I have applied for, I authorise Centrelink to confirm with the Department for Communities and Social Inclusion (DCSI) the status of my Commonwealth and Department of Veterans’ Affairs (DVA) benefits, and other details as they pertain to my entitlement to a rebate. This involves DCSI electronically matching details I have provided to DCSI with Centrelink or DVA records to confirm whether I am currently receiving a Centrelink or DVA benefit.

I understand that once this consent is given, it remains valid until I receive the rebate, unless I revoke it by contacting Centrelink, or DCSI. I understand that I may not receive the rebate that would otherwise be provided to me by DCSI if I revoke this consent.

I understand that this consent will be used for the sole purpose of authorising Centrelink to provide information to DCSI to assess my eligibility in relation to rebates for personal alert systems.

**Note:** A brochure that provides more information about the Centrelink Confirmation eServices is available from Centrelink's website at [www.centrelink.gov.au](http://www.centrelink.gov.au).

I declare the following:

- I am willing to wear a personal alert pendant 24 hours a day.
- I am willing to activate the personal alert system if necessary.
- All details provided by me on this form are true and correct.
- I will notify DCSI immediately if the information I have provided in this Application for Rebates form changes OR to revoke this authority.
- I understand that it is an offence, pursuant to Section 250 of the Family and Community Services Act 1972, to obtain or attempt to obtain a rebate by means of false pretence and that such an offence carries a fine or term of imprisonment.

Signature .....

Date .....

## Submit your application

### Post your application form to:

#### Personal Alert Systems Rebate Scheme

Concessions and Support Services

Reply Paid 292

Adelaide SA 5001

(no postage stamp required)

## For more information

**Telephone:** 1300 700 169

**Email:** [pasrs@sa.gov.au](mailto:pasrs@sa.gov.au)

**Website:** [www.sa.gov.au/concessions/pasrs](http://www.sa.gov.au/concessions/pasrs)

### Feedback

DCSI Client Feedback

GPO Box 292 Adelaide SA 5001

Email: [clientfeedback@sa.gov.au](mailto:clientfeedback@sa.gov.au)

### Alternative formats

The information in this publication can be provided in an alternative format or another language on request by calling 1300 700 169.

 Follow us on Twitter at:

[www.twitter.com/SA\\_DCSI](http://www.twitter.com/SA_DCSI)

[www.dcsi.sa.gov.au](http://www.dcsi.sa.gov.au)