

Medical Cooling and Heating Electricity Concession Scheme information brochure

The Queensland Government provides financial assistance to low-income Queenslanders with a serious medical condition which requires the use of electricity for cooling or heating. This assistance is provided for a period of two years, at which time eligibility will be reviewed.

The concession is provided to assist individuals with the increased electricity costs incurred by frequent operation of an air conditioning unit in order to **closely regulate body temperature to prevent their condition becoming significantly worse** due to the impact of hot or cold weather, rather than to make them more comfortable.

Applicants must have an air conditioning unit in their home. The unit may be a fixed or portable air conditioner. Fans and freestanding heaters are not acceptable.

The concession is available to more than one person per household but each applicant (or child of applicant) must meet all of the eligibility criteria outlined below.

A separate application is required for each person with a qualifying medical condition living at the one address.

Eligibility for the concession

The applicant must:

- be a Queensland resident
- hold a current Pensioner Concession Card (issued by Centrelink or Department of Veterans' Affairs) or a current Health Care Card (issued by Centrelink)
- have (or be a parent/guardian of a child with) a qualifying medical condition requiring cooling or heating to stop the symptoms becoming significantly worse
- provide certification from their medical specialist or general practitioner that the medical condition is severely worsened by hot or cold weather
- reside at the address on the application form and use an air conditioning unit at that address to meet their medical cooling and heating requirements
- be financially responsible for the payment or part payment of the energy bill.

Children with medical conditions

Where the person with the qualifying medical condition is a dependent child, the applicant will be the parent or legal guardian of the child.

Group homes, residential parks and unit complexes

If there are multiple applicants living in the same group home with one electricity account, each person can apply separately.

If you live in a residential park, caravan park or unit complex, you can apply and will need to show that your electricity usage is individually metered and billed (include an invoice or letter from the manager in your application).

Australian Government funded housing such as nursing homes and hostels or other similar accommodation where energy accounts are not issued separately are not eligible.

Qualifying medical conditions

To qualify, the applicant or child must:

- have a medical condition with an evidence-based association with the deterioration of this condition in temperature extremes
- have experienced worsening of their symptoms with temperature change.

If the applicant or child has never consulted a medical specialist for their condition, or does not have the required documentation, the applicant or child will need to consult a medical specialist. Costs associated with the medical assessment must be met by the applicant.

Payment of the concession

Quarterly payments will be made by electronic funds transfer to the applicant's nominated bank account. Payments will be made at the beginning of January, April, July and October each year.

Payments cannot be made to a credit card.

Certification of bank details

Please ask your financial institution to verify your account details by stamping the relevant section of the form. Alternatively, you can provide a copy of the portion of your bank statement or book that shows the BSB and bank account details.

Renewal of concession eligibility

Approved applicants with permanent medical conditions, as certified by the medical practitioner, will only be required to confirm their concession card status, bank account details and living arrangements remain unchanged. You will not need to obtain a new medical certification.

All other applicants will need to submit a new application form every two years, including arranging for a medical specialist to complete a new medical certification form and confirm their concession card status, bank account details and living arrangements remain unchanged.

You will be contacted by the department prior to the date your current concession approval expires.

Fraudulent claims

Concession Services has the right to decline any applicant (or demand repayment of any concession already paid) in situations where, in the Government's opinion, false information has been provided or the eligibility criteria have not been met. Recipients may seek a review of such a decision at which time they may put forward their case for payment.

If a fraudulent application is submitted for the concession, legal action may be taken.

Change of circumstances

You must notify Concession Services immediately of any changes to your address, bank account details or eligibility to receive the concession. For security purposes, you must submit changes to your bank account details in writing. Failure to notify changes may result in payments being suspended.

Privacy notice

Information on this form is collected to assess the applicant's eligibility and to manage payment of the concession under the Medical Cooling and Heating Electricity Concession Scheme.

Eligibility assessment can only be undertaken if consent is given for the exchange of personal information between the relevant government agencies, your nominated financial institution and the medical practitioners noted on the application form, as required.

For more information about concessions

Visit: www.qld.gov.au/concessions

Email: concessions@smartservice.qld.gov.au

Telephone: 13 QGOV (13 74 68)

How to apply

Step 1: Complete the applicant details sections of the application form.

Step 2: Arrange for the medical certification section to be completed by a medical practitioner. The medical practitioner must be:

For persons with Multiple Sclerosis:

- a neurologist or
- a general practitioner who has treated the applicant or child for at least three months and sighted a document from a medical specialist who diagnosed or treated the applicant or the child for the primary condition.

For persons with other conditions:

- a medical specialist (e.g. neurologist, general physician, dermatologist). Certification by a general practitioner (GP) is not acceptable.

Step 3: Return the completed application form to:

Concession Services
Smart Service Queensland
PO Box 10817
Brisbane Adelaide Street Qld 4000



Please detach and return to:

Concession Services, Smart Service Queensland, PO Box 10817, Brisbane Adelaide Street Qld 4000

Failure to complete all necessary sections of the form may delay the processing of your application. Please read the privacy notice before completing the form.

Please indicate applicable option:

- Person with the medical condition (Complete sections A, C, D, E and F only)
- Parent/guardian of a dependent child (under 18 years) with the medical condition (Complete **all** sections – A, B, C, D, E and F)

Section A – Applicant details (mandatory)

Please enter your personal details **exactly** as they appear on your Centrelink or Veterans' Affairs card (as applicable)

Title: Mr Mrs Ms Miss Other

Given name(s): _____

Surname: _____

Residential address: _____

Postcode: _____

Postal address if different from residential address above: _____

Postcode: _____

Email Address: _____

Phone number: _____

Mobile phone number: _____

Date of birth of applicant: / /
DAY MONTH YEAR

Alternative contact *(should be someone who is at a different address from the applicant)*

Given name(s): _____

Surname: _____

Phone number: _____

Mobile phone number: _____

PLEASE DETACH HERE

Section A (continued)

I hold one of the following current and valid card/benefit types

(Commonwealth Seniors Health Cards and Veterans Gold Cards are not acceptable.)

Pensioner Concession Card *(issued by Centrelink)*

Card No.

Pensioner Concession Card *(issued by Veterans' Affairs)*

File No.

Health Care Card *A legal guardian of a child with a medical condition may use the child's card details*

Card No.

Card Start Date: / /
DAY MONTH YEAR

Section B – Details of a dependent child (under 18 years) with a medical condition (if applicable)

Child's given name(s): _____

Child's surname: _____

Child's date of birth: / /
DAY MONTH YEAR

Section C – Energy usage (mandatory)

Is there an air conditioning unit at this address and is the applicant responsible for a component of the energy bill for this residence?

Yes

No (If no, you are not eligible for the concession)

Section D – Bank account details (mandatory)

Please provide your bank details for electronic transfer of the concession. If you are unsure of your bank account details, please contact your bank.

Account holder's name: _____

Bank and branch: _____

BSB No. Account No.

Please ask your financial institution to stamp here or attach a copy of the portion of your bank statement/book that shows the BSB and account details to this form.

BANK STAMP

Section E – Authority and declaration (mandatory)

- I declare that I have not lodged another application for this concession under a different name.
- I will notify Concession Services immediately of any change in my circumstances that may affect my eligibility for or payment of the concession.
- I authorise the Queensland Government to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to determine if I qualify for a concession, rebate or service and authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to the Queensland Government.
I understand that:
 - the department will use information I have provided to the Queensland Government to confirm my eligibility for the Medical Cooling and Heating Electricity Concession (this concession) and will disclose to the Queensland Government personal information including my name, address, payment and concession card type and status.
 - this consent, once signed, remains valid while I am a customer of the Queensland Government unless I withdraw it by contacting the Queensland Government or the department.
- I can obtain proof of my circumstances/details from the department and provide it to the Queensland Government so that my eligibility for this concession can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for this concession provided by the Queensland Government.
- I consent to the Queensland Government asking my nominated financial institution to confirm my bank account details to ensure payments are made to the correct account.
- I consent to the release of my medical records to the Queensland Government relevant to this application only, if required, as part of its responsibility in administering this concession.
- I declare that all the information I have given is true and correct and I understand that any fraudulent information provided in the application to obtain the concession may lead to prosecution.
- I declare, as the signatory below, that I am the applicant, a person exercising the applicant's power of attorney or legal guardian of the applicant. (Please circle appropriate term below.)

Name (please print): _____

Signature: _____

Date: / /

Applicant / power of attorney / legal guardian (Please circle)

Section F – Medical certification (mandatory)

For general practitioner/specialist use

MULTIPLE SCLEROSIS (only)

Certification must be signed by a general practitioner (GP) who has treated the applicant or the child for at least three months, or a neurologist. If certified by a GP, prior diagnosis by a neurologist must have been sighted by that GP.

PLEASE PRINT YOUR DETAILS

Specialist/GP surname: _____

Phone: _____

Specialist/GP given name(s): _____

Provider number/health practitioner board registration number: _____

Name of patient: _____

Name of the hospital/clinic/practice where the patient was reviewed: _____

I attest to the patient's medical condition.

Signature of medical practitioner: _____

Date: / /

Section F continued over next page →

Section F (continued)

OTHER QUALIFYING MEDICAL CONDITION

Certification must be signed by a **relevant specialist**, e.g. neurologist, general physician, dermatologist.

CERTIFICATION BY A GENERAL PRACTITIONER (GP) WILL NOT BE ACCEPTED.

Name of medical condition:

Duration of loss of thermoregulation (please tick appropriately)

- The patient's loss of thermoregulation is permanent
 Patient's eligibility should be reviewed in two years

PLEASE PRINT YOUR DETAILS

Specialist surname: _____ Phone: _____

Specialist given name(s): _____

Provider number/health practitioner board registration number: _____

Name of patient: _____

Name of the hospital/clinic/practice where the patient was reviewed: _____

Medical declaration for conditions other than Multiple Sclerosis

To be eligible to receive assistance under the scheme, a specialist doctor must indicate that the patient meets at least one primary **AND** one secondary qualifying condition (tick the relevant boxes below).

Primary qualifying conditions (tick at least one condition)

- Autonomic system dysfunction (medical conditions in which the autonomic system has been damaged e.g. severe spinal cord injury, stroke, brain injury and neurodegenerative disorders)
 Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20%, severe inflammatory skin conditions and some rare forms of disordered sweating)
 Objective reduction of physiological functioning at extremes of environmental temperatures
 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)

Secondary qualifying criteria (tick at least one criterion)

- Severe immobility (e.g. such as occurs with quadriplegia)
 Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure (due to affect of extremes of temperature)
 Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature

I certify that the qualifying conditions have been met by the above named patient and attest to the patient's medical condition.

Signature of medical specialist: _____ Date: _____ / _____ / _____