

Medical Cooling and Heating Electricity Concession Scheme information brochure

The Queensland Government provides financial assistance to low-income Queenslanders with a medical condition which requires the use of electricity for cooling or heating. This assistance is provided for a period of 2 years, at which time eligibility will require review.

The concession is provided to assist individuals with the increased electricity costs incurred by frequent operation of an air-conditioning unit in order to regulate body temperature.

The concession is not limited to one person per household, but all applicants must meet all of the eligibility criteria outlined below.

Eligibility for the concession

The applicant must:

- be a Queensland resident, and
- have a qualifying medical condition requiring cooling or heating to prevent the symptoms of their condition worsening, and
- be residing at their principal place of residence which is fitted with an air conditioning unit.

The applicant and/or legal guardian of a minor with a qualifying medical condition must also:

- hold a current Pensioner Concession Card (issued by Centrelink or Veterans' Affairs), or a current Health Care Card (issued by Centrelink), and
- be financially responsible for the payment of the relevant component of the electricity bill.

Qualifying medical conditions include multiple sclerosis, autonomic system dysfunction, loss of skin integrity or sweating capacity, severe compromise of functioning such as mobility at extremes of environmental temperature, or hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications.

For more information about qualifying medical conditions, refer to the Medical Certification form attached.

How to apply

To apply for the concession, complete the attached application form and arrange for your medical practitioner to complete the Medical Certification attached.

Costs associated with the medical assessment must be met by the applicant (or parent or legal guardian).

A parent or legal guardian can complete an application on behalf of children aged under 18 years. A legal guardian or person holding a power of attorney may also complete the application on behalf of an adult applicant. The person with the qualifying medical condition must be listed on the form as the applicant.

Payment of the concession

Quarterly payments will be made by electronic funds transfer to the applicant's nominated bank account. Payments can not be made to a credit card.

Applicants who apply before 30 June 2011 and have a pre-existing medical condition will be eligible to receive back-pay up to the commencement of the concession on 1 July 2010. It is intended that this will allow applicants to have the medical certification signed by their specialist during their regular appointment schedule.

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 that shows the BSB and bank account details.

Renewal of concession eligibility

All applicants must re-apply for the concession every two years. Applicants with an identified permanent medical condition will not need to obtain a new medical certification, but will be required to confirm their concession card status or living arrangements remain unchanged.

If your original application indicated your medical condition and/or subsequent need for heating or cooling was of a temporary nature, you will need to obtain a new medical certification and also confirm that your concession card status or living arrangements remain unchanged.

You will be contacted six months prior to the date your concession approval expires. You must fill out and return your forms if you wish to continue receiving the concession. If a new application form and medical certification (where required) are not received, payment of the concession will cease.

Fraudulent claims

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

Privacy notice

If your form is incomplete, we will be unable to assess your application. We collect the information on this form to assess your eligibility and manage payment of the concession under the Medical Cooling and Heating Electricity Concession Scheme. We can only pay the concession if you give your consent for us to disclose relevant personal information to Centrelink, the Department of Veterans' Affairs, your nominated financial institution and Shared Services Agency, the department's financial services provider.

Change of details

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 should submit changes to your bank account details in writing.

For more information contact:

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

Telephone: 1800 460 849

Email: concessions@smartservice.qld.gov.au

Or visit: [www.communities.qld.gov.au/
community/concessions](http://www.communities.qld.gov.au/community/concessions)

Application form



Please detach and return to:
Concession Services, Smart Service Queensland
PO Box 10817, Brisbane Adelaide Street 4000

Failure to complete all sections of the form may delay the processing of your application.
Please read Privacy Notice before completing the form.

Personal details (mandatory)

Applicant details: *Please print*

Title Mr Mrs Ms Miss

Given name(s): _____

Surname: _____

If applicant is under 18 years insert parent or guardian details:

Given name: _____

Surname: _____

Residential address: _____

Postcode: _____

Email address: _____

Telephone number: _____

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

Given name: _____

Surname: _____

Telephone number: _____

(mandatory)

Please tick if you have an air conditioning unit where you are residing. Yes No

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

Section A (mandatory)

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

Pensioner Concession Card *(issued by Centrelink)*

Card no.

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

File no.

Health Care Card

Card no.

A legal guardian of a child with a medical condition may use their card details.

Section B (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

BANK STAMP

the portion of your bank statement that shows the BSB and bank account details to this form.

Declaration – This section must be signed or your application can not be progressed.

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 consent to the Queensland Government verifying with Centrelink and/or Department of Veterans' Affairs to determine and confirm my continued eligibility for concession payments.

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 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): _____ Date: _____

Sign here

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



PLEASE DETACH HERE

Medical Cooling and Heating Electricity Concession Scheme

Medical Certification (mandatory)

Patient:

I consent to the release of my medical records relevant to this application to the Department of Communities if required as part of its responsibility in administering this concession.

Title Surname Given Name(s)

Signature of patient Date

For General Practitioner/Specialist's Use

Multiple Sclerosis

(certification may be signed by General Practitioner who has treated the patient for at least three months/ Neurologist. If certified by a General Practitioner, prior diagnosis by a Neurologist must be sighted)

Patients who have been diagnosed with Multiple Sclerosis by a Neurologist will not require review.

Specialist/GP Surname

Specialist/GP Given Name(s)

Provider number

Name of patient

Address of patient

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

Other qualifying condition

(certification must be signed by a relevant Specialist, e.g. Neurologist; General Physician; Dermatologist)

Condition

The patient's loss of thermoregulation is permanent

Patient's eligibility should be reviewed in 2 years

Specialist Surname

Specialist Given Name(s)

Provider number

Name of patient

Address of patient

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

Medical declaration for conditions other than Multiple Sclerosis

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)

Please tick

1. 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)
2. 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)
3. Objective reduction of physiological functioning at extremes of environmental temperatures
4. 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 condition)

- A. Severe immobility (e.g. such as occurs with quadraplegia)
- B. Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure (due to affect of extremes of temperature)
- C. 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 _____ and attest to the patient's medical condition. I certify that the patient was diagnosed with the medical condition on _____

Signature: _____ Date: _____ Phone: _____

(of Medical Practitioner)