



NSW Life Support Rebate APPLICATION FORM Retail Customers

This form is to be used when the resident receives an electricity bill from an electricity retailer of their choice.

To be eligible for the NSW Life Support Rebate you must be a NSW resident, be responsible for the payment of the electricity account at your principal place of residence where either yourself or another person living at the same address relies on electricity to operate approved Life Support Equipment.

Note: you will need to reapply for this rebate every 2 years.

APPLICANT DETAILS

Applicant must be an electricity account holder.

Please ✓ Ms Mrs Miss Mr Other

First Name:

Last Name:

Residential Address:

Suburb: Postcode: NSW

Home Phone: Mobile:

Postal Address (if different from residential address):

Suburb: Postcode: NSW

Email Address:

ELECTRICITY RETAILER DETAILS

Electricity Retailer Name:

Electricity Account Number:																			
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PATIENT DETAILS

Name of Patient who uses Life Support Equipment:

Contact Phone:



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MEDICAL PRACTITIONER DETAILS

Practitioner First Name:

Practitioner Last Name:

Provider Number:

Name of Patient:

Address of Patient:

Name of Place where the Patient was Reviewed:
(Hospital/clinic/practice)

Phone Number of the Place where the Patient was Reviewed:
(Hospital/clinic/practice)

APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

The medical practitioner is required to tick the relevant boxes below. See 'Attachment 1' for more information on approved Life Support Equipment.

Please Tick <input checked="" type="checkbox"/>	Equipment	Qualification
<input type="checkbox"/>	Power Wheelchair	Patient must be classified as a quadriplegic NOTE: does not include mobility scooters
<input type="checkbox"/>	Oxygen concentrators (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Enteral feeding pump	-
<input type="checkbox"/>	External heart pump	-
<input type="checkbox"/>	Home dialysis	-
<input type="checkbox"/>	Phototherapy	-
<input type="checkbox"/>	Total Parenteral Nutrition (TPN) pump	-
<input type="checkbox"/>	Ventilators	NOTE: does not include nebulizers, humidifiers or vaporizers



NSW Life Support Rebate

APPLICATION FORM Retail Customers

MEDICAL PRACTITIONER DECLARATION

I certify the above patient requires the use of the selected life support equipment.

Signature of Medical Practitioner: Date:

APPLICANT DECLARATION AND AUTHORISATION

- All particulars provided on this application form are, to the best of my knowledge, true and correct.
- The electricity supply address for my electricity account is the primary place of residence for the above patient (if patient is different from the applicant/electricity account holder).
- I understand that this application is only valid for 24 months and will need to be renewed and validated by a medical practitioner (my GP/Specialist) after this time.
- I understand that to ensure priority of supply for the life support machine, my electricity supplier will need to provide my application details to the relevant electricity distributor.
- I will notify my electricity supplier in writing if my circumstances change including the validity of this application or my entitlements to the Life Support Rebate.

Applicant Name (please print):

Applicant Signature: Date:



NSW Life Support Rebate CHECKLIST

PLEASE ✓ EACH OF THE BELOW IF YOU HAVE COMPLETED THE ACTIVITY

- I have filled in pages 1, 2 & 3 of this application form.
- My medical practitioner has completed and signed the relevant sections.
- I have signed and dated the Applicant Declaration & Authorisation.

PRIVACY POLICY

The personal information you provide in the application form is subject to the Privacy & Personal Information Protection Act 1998. It is being collected by your electricity retailer for purposes related to processing your application for an energy rebate. Further information can be obtained from the Department of Industry, Skills and Regional Development website at www.industry.nsw.gov.au/legal/privacy.

ELIGIBILITY CRITERIA

To be eligible for the Life Support Rebate a person must:

- be a resident in New South Wales; and
- be a customer of the retailer, or a long term resident of an on-supplied residential community, or a resident of an on-supplied retirement village, or a resident of an on-supplied strata scheme; and whose name appears on the electricity account for supply to his or her principal place of residence where approved equipment (see approved list in Attachment 1) is used by the customer or another person who lives at the same address; and
- submit a valid application form as provided by the Department of Industry, Skills and Regional Development (the Department), which will be made available to customers on the Department's website, duly 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 his or her principal place of residence.

WHERE DO I SEND MY COMPLETED FORM?

Send your application directly to your electricity retailer.

The rebate will be paid from the day they receive your completed form.

Need help filling in this form?

Call Service NSW on 137 788

Support Services:

National Relay Service: 1300 555 727

TTY Users: 133 677

Translation & Interpreter Services: 131 450

Dept. of Human Services (Centrelink): 132 300

Dept. of Veterans' Affairs (DVA): 133 254

More Information:

www.resourcesandenergy.nsw.gov.au/info/lifesupportrebates



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ATTACHMENT 1 Approved Life Support Equipment List

FOR MEDICAL PRACTITIONER'S USE List of Approved Life Support Equipment

Equipment	Examples of brand names*	Daily Rate
Power wheelchairs for quadriplegics	Quickie, Zippie etc. NOTE: does not include mobility scooters	\$0.25
Oxygen concentrators (FT)	Devilbiss etc	\$2.59 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (PT)	Devilbiss etc	\$1.54 (machine is in use for less than 24 hours a day)
Positive Airways Pressure (PAP) Device (FT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.59 (machine must be used continuously for 24 hours a day)
Positive Airways Pressure (PAP) Device (PT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.30 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$0.37
External heart pump	Left Ventricular Assist Device	\$0.09
Home dialysis	Haemodialysis or Peritoneal automated cyclers machines - Brand names include: Fresenius, Gambro, Baxter	\$1.28
Phototherapy equipment	Blue light therapy	\$3.07
Total Parenteral Nutrition (TPN) pump	Volumatic pump Flowguard pump	\$0.70
Ventilators	LTV series, Breas, PLV-100 etc, Iron Lung. NOTE: does not include nebulizers, humidifiers or vaporizers	\$3.07

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