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| Medical Cooling Concession |
| Application form |

***Before you start filling this form, save it into your hard drive or desktop.***

The Medical Cooling Concession assists Victorian households with summer electricity costs for medically required cooling. The concession is available to households where the electricity account holder has an eligible concession card and a member of the household has a medical condition that affects the body’s ability to regulate temperature.

Please see the fourth page of this form for eligibility criteria.

Please complete all sections and be sure to sign on the third page.

# Account holder’s details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your title (mark with an X) | | | | | | | |
| Ms |  | Mrs |  | Miss |  | Mr |  |
| Other title (please enter preferred title) | | |  | | | | |
| Given names | | |  | | | | |
| Family name | | |  | | | | |
| Residential address | | |  | | | | |
| Suburb/town | | |  | | | | |
| Postcode | | |  | | | | |
| Postal address (if different to residential address) | | |  | | | | |
| Suburb/town | | |  | | | | |
| Postcode | | |  | | | | |
| Home phone number | | |  | | | | |
| Mobile phone number | | |  | | | | |

# Electricity account details

If you pay a caravan park or retirement village for your electricity please contact the Concessions Information Line on 1800 658 521 (toll free) to discuss your application.

|  |  |
| --- | --- |
| Electricity retailer |  |
| Account number |  |
| National metering identifier (if known) |  |

# Account holder’s concession card type

What type of concession card do you have? Mark with an X.

|  |  |
| --- | --- |
| Pensioner Concession Card (Centrelink or Veterans’ Affairs) |  |
| Health Care Card |  |
| Veterans’ Affairs Gold Card |  |

Commonwealth Seniors Health Cards, Victorian Seniors Cards, Carer Allowance and Foster Care Health Care Cards, and Veterans’ cards marked ‘Dependent’ are not eligible.

# Account holder’s concession card number

|  |  |
| --- | --- |
| Centrelink CRN |  |
| Or | |
| Veterans’ Affairs file number |  |

# Patient’s details (the person with the qualifying condition)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title (mark with an X) | | | | | | | |
| Ms |  | Mrs |  | Miss |  | Mr |  |
| Other title (please enter preferred title) | | |  | | | | |
| Given names | | |  | | | | |
| Family name | | |  | | | | |
| Residential address | | |  | | | | |
| Suburb/town | | |  | | | | |
| Postcode | | |  | | | | |

# Doctor’s statement

I certify that the above-named patient has a qualifying condition for the Medical Cooling Concession and suffers from an inability to self-regulate body temperature.

|  |  |
| --- | --- |
| Qualifying condition (mark with an X) | |
| Multiple sclerosis |  |
| Fibromyalgia |  |
| Lymphoedema |  |
| Post-polio syndrome/poliomyelitis |  |
| Parkinson’s disease |  |
| Motor neuron disease |  |
| Other (please enter condition) |  |

## Doctor’s details

|  |  |
| --- | --- |
| Name |  |
| Practice address |  |
| Phone number |  |
| Provider stamp | |
| Signature | *(Please sign by hand)* |
| Date |  |

# Consent to check Centrelink details

I authorise:

* my electricity retailer and/or water corporation to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink or Veterans’ Affairs customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
  + the Australian Government Department of Human Services to provide the results of that enquiry to my electricity retailer and/or water corporation.

I understand that:

* the Australian Government Department of Human Services will use information I have provided to my electricity retailer and/or water corporation to confirm my eligibility for the concession and will disclose to my electricity retailer and/or water corporation 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 my electricity retailer and/or water corporation unless I withdraw it by contacting my electricity retailer and/or water corporation or the Australian Government Department of Human Services.
* I can obtain proof of my circumstances/details from the Australian Government Department of Human Services and provide it to my electricity retailer and/or water corporation so that my eligibility for the 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 the concession provided by my electricity retailer and/or water corporation.

# Account holder’s signature

|  |  |
| --- | --- |
| Signature | *(Please sign by hand)* |
| Date |  |

# Medical Cooling Concession – information for customers

## When should I complete this form?

* If someone in your household has multiple sclerosis,lymphoedema, Parkinson’s disease, fibromyalgia,post-polio syndrome/poliomyelitis or motor neurondisease, or another qualifying condition.

and

* If the electricity account holder has an eligibleconcession card.

## What concession cards are eligible?

Eligible cards are:

* Pensioner Concession Card – issued by Centrelink or Department of Veterans’ Affairs
* Centrelink Health Care Card
  + Department of Veterans’ Affairs Gold Card (cards marked ‘Dependent’ are not eligible).

Commonwealth Seniors Health Cards, Victorian Seniors Card, Child Disability and Foster Care Health Care Cards and Medicare Cards are not eligible cards.

**What other conditions are eligible for a concession?**

If you or a member of your household have a condition that impairs the body’s ability to regulate its own temperature, you may be eligible for the concession.

Other qualifying conditions include:

* muscular dystrophy
* quadriplegia
* scleroderma
  + systemic lupus erythematosus (SLE).

If your condition is not listed, please contact the Concessions Information Line on 1800 658 521 (toll free) to discuss your eligibility.

Applications for conditions not listed in the doctor’s statement must be assessed by the Department of Health and Human Services.

## How much is the concession?

The concession provides a discount of 17.5 per cent off your electricity costs between 1 November and 30 April each year.

The concession is given in addition to the Annual Electricity Concession.

## I receive electricity via an embedded network – can I receive a concession?

Yes. Please contact the Concessions Information Line on 1800 658 521 (toll free) to find out how to apply.

## Where do I send my form?

If you have:

* multiple sclerosis
* lymphoedema
* Parkinson’s disease
* fibromyalgia
* post-polio syndrome/poliomyelitis
  + motor neuron disease.

Please send your form to your electricity retailer. If you cannot find the correct address, please contact the account enquiries number that appears on your bill.

If your condition is not listed please send your form to:

Department of Health and Human Services

Concessions

GPO Box 4057

MELBOURNE VIC 3001

## Renewals

You may be asked to renew your application for the concession periodically.

## More information

For further information, please contact your electricity retailer, or call the Concessions Information Line on 1800 658 521 (toll free).

For help in your language call the Concessions Information Line on 1800 658 521 (toll free) Interpreter and ask for an interpreter.

## Privacy Statement

This information is collected by the Department of Health and Human Services Concessions Unit and your electricity retailer for the purpose of administering your concessions. Without this information, we are unable to provide your concession. Your information will be disclosed to your electricity retailer to enable them to process your concession. You are able to request access to the personal information that we hold about you, and to request that it be corrected if necessary. Please contact the Concessions Information Line on 1800 658 521 with any queries about this statement.

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| To receive this publication in an accessible format phone 1800 658 521, using the National Relay Service 13 36 77 if required, or email [concessions@dhhs.vic.gov.au](mailto:concessions@dhhs.vic.gov.au)  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services January 2016  Available at [www.dhs.vic.gov.au/about-the-department/documents-and-resources/forms-and-templates/medical-cooling-concession-application-form](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/forms-and-templates/medical-cooling-concession-application-form) |