

Medical Cooling Concession

Application form

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 third page of this form for eligibility criteria.

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

Account holder's details

Ms Mrs Miss Mr Other

Given names Surname

Residential address

Suburb/town Postcode

☎ Home

☎ Mobile

Postal address (if different from above)

Suburb/town Postcode

Electricity details

Electricity retailer

Account no.

National Meter Identifier (NMI)

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.

Account holder's concession card type (Please ✓)

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

Account holder's concession card number

Centrelink cards
CRN

Veterans' Affairs cards
File number

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



Patient's details (person with the qualifying condition)

Given names	Surname
Residential address	
Suburb/town	Postcode
Home <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Doctor's statement

(Patient's name)

I certify that has

- multiple sclerosis lymphoedema Parkinson's disease
 fibromyalgia post-polio syndrome/poliomyelitis motor neuron disease

OR

- another qualifying condition – please specify (see page three of this form for more information)

- This patient suffers from an inability to self-regulate body temperature

Provider stamp	Name
	Practice address
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Doctor's signature Date / /

Note: If completing this form electronically, the form should be printed and signed by both the applicant and the doctor before being sent.

Consent to check Centrelink details

I authorise:

- my electricity retailer 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.

I understand that:

- the Australian Government Department of Human Services will use information I have provided to my electricity retailer to confirm my eligibility for the concession and will disclose to my electricity retailer 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 unless I withdraw it by contacting my electricity retailer 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 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.

Note: If completing this form electronically, the form should be printed and signed by both the applicant and the doctor before being sent.

Account holder's signature	Date / /
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Medical Cooling – 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 neuron disease, or another qualifying condition.

AND

- If the electricity account holder has an eligible concession 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, Carer Allowance 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.

Privacy statement

This information is collected by the Department of Health and Human Services and your electricity retailer/distributor 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/distributor 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** (toll free) with any queries about this statement.

Accessible format

If you would like to receive this publication in an accessible format, please contact us on **1800 658 521** (toll free), using the National Relay Service **13 36 77** if required, or email **concessions@dhhs.vic.gov.au**

Checklist — have you (Please ✓)

- Completed all of your details, and your account details.
- Asked your doctor to complete the form.
- Signed and dated the form.

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) and ask for an interpreter.

Form return details

If your medical condition is one of those listed on page two of this form, please send your form to your electricity retailer.

If a return address has not been provided below, please contact your electricity retailer's account enquiries number on your bill to find out the correct address.

Electricity retailer address:

If your medical condition is not one of those listed on page two of this form, please send your form to:

**Department of Health and Human Services
Concessions
GPO Box 4057
MELBOURNE VIC 3001**