

Medical Heating and Cooling Concession

The Medical Heating and Cooling Concession is an energy concession assisting South Australians on a fixed or low income who have a qualifying medical condition requiring the frequent use of heating or cooling in the home to prevent the severe exacerbation of their condition. The concession is available to more than one person per household. Applicants (or children of applicants) must meet all of the eligibility criteria outlined below.

Applicants must have an air conditioning unit in their home. This unit may be a fixed or portable air conditioner or heater.

Eligibility for the concession

The applicant must be a South Australian resident, and;

- have (or be a parent/guardian of a child with) a qualifying medical condition requiring cooling or heating to prevent a severe exacerbation of their condition;
- provide certification from their medical specialist or general practitioner that the medical condition is severely exacerbated 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 heating and cooling requirements;
- hold a current Centrelink or Veterans' Affairs Pensioner Concession Card, a Centrelink Low Income Health Care Card or Commonwealth Seniors Health Care Card or be a recipient of an eligible Centrelink allowance, and
- be financially responsible for the payment or part payment of the energy bill.

Eligible Pension Payment Types – Aged/Aged Blind Pension, Carer payment, Civilian Widow, Disability/Blind, DVA Service Pension, Parenting Payment Single, Widow B pension, DVA Gold Repatriation Card (EDA, TPI and War Widow only), Wife pension, NZ or British War Widow's Pension.

Eligible Centrelink Allowance – ABSTUDY, Austudy, Youth Allowance, Community Development Employment Project (CDEP), New Enterprise Incentive Scheme (NEIS), Mature Age Allowance, Newstart, Partner Allowance, Parenting Payment Partnered, Sickness Allowance, Special Benefit, Widow Allowance, Farm Help or Exceptional Circumstances Payment, Bereavement Allowance.

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.

Where a child with a qualifying medical condition is in a **foster care arrangement**, the carer's income will be exempt from the income eligibility criteria for the application relating to that child.

Where **shared care arrangements** are in place for a child with a qualifying medical condition the applicant (parent/guardian of the child) will be asked to indicate the percentage of time they care for the child (e.g. 55%).

Each parent/guardian party to **shared care arrangements** for a child with a qualifying medical condition may apply for the concession if they meet the eligibility criteria. However only one medical certification is required for the child

Where approved, the concession amount will be a direct calculation based on the percentage of care of the child. If a parent/guardian disputes the details provided by the other parent/guardian a statutory declaration will need to be provided in support of their application.

Qualifying Medical Conditions

To qualify, two conditions need to be met: firstly the applicant or child needs to have a medical condition with an evidence base associated deterioration of this condition in temperature extremes and secondly the applicant or child must have experienced symptomatic deterioration with temperature change. In some cases a specialist opinion may be recommended. Therefore the primary medical condition and associated secondary criteria must require the use of an air conditioner for medical purposes to ensure the impact of hot or cold weather does not severely exacerbate the condition.

Primary medical conditions may include but are not limited to the following:

- Multiple Sclerosis
- Parkinson's Disease
- Fibromyalgia
- Muscular Dystrophy
- Systemic Lupus Erythematosus (SLE)
- Motor Neurone Disease
- Lymphoedema (>Grade 1)
- Post Polio syndrome/Poliomyelitis
- Tetraplegia

If the primary condition meets the eligibility criteria but is not specifically listed the medical practitioner may specify an "other qualifying condition". If the specified 'other qualifying condition' is not a common primary condition a specialist opinion may be necessary to confirm the patient meets the eligibility criteria.

Secondary criteria include:

- Loss of proper autonomic regulation of sweating, heart rate or blood pressure (associated with hot or cold weather)
- Loss of skin integrity or sweating capacity (including significant burns (or pressure skin garment) to greater than 20% surface area, severe inflammatory skin conditions and some rare forms of disordered sweating)
- Hypersensitivity to extremes of environmental temperature leading to an unacceptable increase in pain or discomfort or an increased risk of complications
- Verified (or known) loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature
- Clinically verified thermoregulatory dysfunction (the nature of this must be recorded in the patient's case record)
- This condition is known to be associated with symptomatic deterioration in hot or cold weather

If the applicant or child has never consulted a medical specialist for their primary 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.

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Energy consumption and payment

The applicant, or immediate family (husband, wife, defacto partner, domestic partner, parent/guardian), must be financially responsible for the full or part payment of the energy bill and must provide proof of payment.

Energy types include:

- mains power including electricity and gas provided by an energy retailer;
- non-mains power including LPG, diesel or petrol generators or heating oil provided by a person, business or operator of a complex.

Acceptable proof may be:

- the account issued by the energy retailer, or;
- invoice issued by a person, business or operator of a complex, or;
- a payment receipt.

Eligible accommodation

Shared housing arrangements.

Residential parks, retirement villages or long term caravan parks where separate accounts are issued for energy consumption by the operator of the complex.

Ineligible accommodation

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

Payment of the concession

Concession payments will be paid quarterly to eligible applicants by cheque or where possible the concession will be applied to the electricity account nominated on the application form.

The concession may be backdated for a period of time to allow applicants (or their dependent children) to have the medical certification signed by their specialist during their regular appointment schedule.

Renewal of concession eligibility

Approved applicants with permanent medical conditions, as certified by the medical practitioner, will only be required to reapply if the Medical Cooling and Heating Concession payments have ceased (due to ineligibility) since the previous application.

All other approved applicants will need to submit a new application form every 2 years, including:

- Arranging for the medical practitioner to complete the medical certification, and;
- Completing all other relevant details.

Privacy notice

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

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

Change of circumstances

The applicant must notify Concessions and Support Services (PH: 1300 735 350) immediately of any changes to their, or their child's, eligibility to receive the concession including changes to their:

- address
- living arrangements
- Centrelink payment or card type
- energy retailer

How to apply

Step 1: Complete the personal details section of the application form

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

- medical specialist **OR**
- general practitioner who has:
 - treated the applicant or the child for at least three months, and;
 - seen a document from a medical specialist who diagnosed or treated the applicant or the child for the primary condition.

Step 3: Return the completed application form and any attachments (energy accounts, invoices or receipts) to:

Medical Heating and Cooling Concession

Reply Paid 292

Adelaide SA 5001

(no postage stamp required)

Note: An application form will need to be completed for each person with a qualifying medical condition living at the address.

For more information:

Call Concessions and Support Services on 1300 735 350

TTY: (08) 8226 6789 – A text telephone service available for people who have hearing or speech impairments

Visit: www.sa.gov.au/concessions

Medical Heating and Cooling Concession Application Form

Section A - Applicant details:

Please indicate applicable option.

- Person with the medical condition (Section B not applicable)
 Parent / guardian of a dependent child with the medical condition (must also complete Section B)

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

Title Mr Mrs Ms Miss

Given name(s): _____

Surname: _____

Residential address: _____

Postal Address (if different from above): _____

Phone: _____

Date of Birth: _____

Centrelink Customer Reference No.

CRN - - -

DVA Concession Card (issued by Veterans' Affairs)

File no.

Payment Type: _____

Card Start Date **dd / mm / yyyy**

Are you of Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal & Torres Strait Islander
 No

Section D Authority and declaration

In order to assess and confirm my eligibility for the concession/s I have applied for, I authorise the Department for Communities & Social Inclusion (DCSI) and the providers of the relevant services, both past and present, to exchange information required for this purpose.

I also authorise Centrelink to confirm with DCSI the status of my Commonwealth Benefit and other details I have provided in relation to my Commonwealth Benefit. This involves DCSI electronically matching details I have provided to DCSI with Centrelink or Department of Veterans' Affairs (DVA) records to confirm whether I am currently receiving a Centrelink or DVA benefit.

I understand that once this consent is given it remains valid unless I revoke it by contacting Centrelink or DCSI. I understand that I may not receive the concessions/remissions that would otherwise be provided to me by DCSI if I revoke this consent.

I declare the following;

- All details provided by me on this form are true and correct.*
- I will notify DCSI immediately if the information I have provided in this application for concessions changes OR to revoke this authority.*
- I understand that it is an offence pursuant to Section 250 of the Family & Community Services Act 1972 to obtain or attempt to obtain a concession by means of false pretence and that such an offence carries a fine or term of imprisonment.*

Your signature: _____ Date: ____ / ____ / ____

Section E: Patient release of information consent:

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

Signature of patient (or parent/legal guardian): _____ Date: ____ / ____ / ____

Section B – Details for a dependent child with medical condition

Please fill out this section if you are applying for a dependent child, otherwise please proceed to Section C.

Child's given name(s): _____

Child's surname: _____

Child's Date of Birth: _____

Child CRN - - -

Is the child party to shared care arrangements (i.e. between two homes) Yes No

If yes, what percentage of time does the child live at this address? _____%

Is there a foster care arrangement in place for this child?

Yes No

If yes, what was the commencement date for this care arrangement? **dd / mm / yyyy**

Section C – Energy usage and account details

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

No (Not eligible)

Yes – provide the date you commenced paying for energy at this or other SA address if after 1 July 2011? **dd / mm / yyyy**

Account holder name: _____

Electricity retailer: _____

Electricity account No: _____

NMI No: _____

(if known – please refer to your bill):

If you do not receive a bill for your energy use from a retailer or operator of a complex, how do you pay for your energy?

Generate own energy Use LPG

Other *(please specify)*: _____

Please provide invoices and/or receipts for your energy costs.

Section F: Medical Certification:

To be completed by a Medical Specialist. A GP may complete this section if they have **sighted a Medical Specialist letter** confirming prior diagnosis of the primary condition and have **treated the applicant for at least 3 months**.

To qualify, two conditions need to be met: firstly the patient needs to have a medical condition with an evidence base associated deterioration of this condition in temperature extremes and secondly the patient must have experienced symptomatic deterioration with temperature change.

Therefore, the primary medical condition and associated secondary criteria noted below must require the use of an air conditioner for medical purposes to ensure the impact of hot or cold weather does not severely exacerbate the condition.

1. The patient's primary condition is: (tick one)

- Multiple Sclerosis Parkinson's Disease Lymphoedema (>Grade 1) Fibromyalgia Tetraplegia
 Post Polio syndrome/Poliomyelitis Motor Neurone Disease Systemic Lupus Erythematosus (SLE)
 Muscular Dystrophy Other qualifying condition (specify): _____

AND as a component of this condition the patient meets at least one of the following secondary criteria: (tick one)

Either

A. This condition is clinically associated with symptomatic deterioration in hot or cold weather and is true for this patient

OR

B. The primary condition in conjunction with the following secondary condition results in a symptomatic deterioration of this patient's medical condition in hot or cold weather:

- Loss of proper autonomic regulation of sweating, heart rate or blood pressure (associated with hot or cold weather)
 Loss of skin integrity or sweating capacity (including significant burns (or pressure skin garment) to greater than 20% surface area, severe inflammatory skin conditions and some rare forms of disordered sweating)
 Hypersensitivity to extremes of environmental temperature leading to an unacceptable increase in pain/discomfort or an increased risk of complications
 Verified (or known) loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature
 Clinically verified thermoregulatory dysfunction (The nature of this must be recorded in the patient's case record)

2. In this patient, the symptomatic deterioration due to temperature sensitivity associated with the condition outlined in point number 1 above is permanent. Yes No

Certifying Medical Practitioner Declaration

- Medical Specialist General Practitioner/Physician (must also fill in Medical Specialist details below)

As the certifying Medical Practitioner I attest that:

- I am a Medical Specialist or I have sighted the letter confirming the diagnosis/treatment of the primary condition;
 the patient meets the secondary qualifying criteria noted above and this condition was:
 DIAGNOSED before 01/07/2011 OR
 DIAGNOSED on dd / mm / yyyy (insert diagnosis date if applicable).

Signature: _____ Date: ___ / ___ / ___

Provider Number: _____

Name: _____

Address: _____

Contact Phone: _____

If GP has been indicated above, copy the Medical Specialist details from the sighted documentation

Specialist Provider Number: _____

Specialist Name: _____

Address: _____

Hospital/clinic where the patient was reviewed: _____

Submit your application

BY POST (no postage stamp required)
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Adelaide SA 5001

For more information

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