



Clean Energy Household Assistance Package Essential Medical Equipment Payment (EMEP) User's Claim Form - EMEP

This form asks about Your personal details.
Your residence status.
Your living arrangements.
Your bank details.

Completing this form **Please use black or blue pen.**
Print in BLOCK LETTERS.
Tick appropriate boxes.
If you are asked to provide copies of documents, you must provide certified copies.
On this form “**you**” refers to the claimant.

Medical Confirmation form If a Medical Confirmation form, or other evidence relating to the proof of need for the eligible medical equipment is required, relevant documentation must be attached to the EMEP Claim form.

Further Information An EMEP FACT sheet, and FAQs can be found at:
<http://www.dva.gov.au/http://www.dva.gov.au/householdassistance> or contact your nearest DVA or VAN Office on 133 254 (regional callers 1800 555 254).



Claiming payment as the USER of essential medical equipment

1. User details

Title

Mr

Mrs

Miss

Ms

Other

Surname

Given name(s)

Date of birth

DVA file number

Your home address (address where you live)

<input type="text"/>
<input type="text"/>
<input type="text" value="POSTCODE"/>

2. Contact details

Home phone number

Mobile phone number

E-mail address

NOTE: If your residence is an approved aged care residence, hospital or other medical facility, residential rehabilitation centre, or prison or detention centre, you are NOT eligible to claim EMEP.

3. Have you ever used or been known by other names?

No

Yes List the other names

Type (e.g. maiden name)

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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4. Your gender

Male

Female

Concession card details

Commonwealth Government concession cards

To be eligible for the Essential Medical Equipment Payment (EMEP) through the Department of Veterans' Affairs (DVA) the person with medical needs, must hold a Commonwealth concession card **issued by DVA**.

- Department of Veterans' Affairs - Gold or White Card **OR**
- DVA Pensioner Concession Card (PCC) **OR**
- DVA Commonwealth Seniors Health Card (CSHC)

5. Do you hold one of the DVA concession cards listed above?

No ▶ You are not eligible for this payment through DVA

Yes ▶ Please tick appropriate box

- Gold card
- White card
- DVA PCC
- DVA CSHC

Essential medical equipment in use

6. What essential medical equipment do you use and/or share?

Tick all relevant boxes

- | | |
|---|--------------------------|
| Home Dialysis Machine | <input type="checkbox"/> |
| Home Ventilator | <input type="checkbox"/> |
| Home Respirator | <input type="checkbox"/> |
| Home Parenteral or Enteral Feeding Device | <input type="checkbox"/> |
| Oxygen Concentrator | <input type="checkbox"/> |
| Heart Pump | <input type="checkbox"/> |
| Suction Pump | <input type="checkbox"/> |
| Infant Apnoea Monitor - prescribed by a medical practitioner following apnoeic episodes | <input type="checkbox"/> |
| Nebuliser - used daily | <input type="checkbox"/> |
| Positive Airways Pressure Device | <input type="checkbox"/> |
| Phototherapy Equipment | <input type="checkbox"/> |
| Airbed Vibrator | <input type="checkbox"/> |
| Electric Wheelchair | <input type="checkbox"/> |
| Insulin Pump | <input type="checkbox"/> |

7. Has the essential medical equipment been provided via a recognised Department of Veterans' Affairs program e.g. Rehabilitation Appliances Program?

No ▶ Go to the next question

Yes ▶ Go to question 9

8. Do you have relevant evidence stating either the medical need for the use of the essential medical equipment, or current entitlement to a State or Territory scheme?

No ▶

Yes ▶

NOTE: You may be required by the Department of Veterans' Affairs to provide confirmation of the medical need for the use of the listed equipment. Once supplied this will **not** be required again for this item of equipment.

9. Are you claiming this EMEP for medically required heating and/or cooling?

No

Yes

You will need to provide medical certification that you suffer from one of the qualifying medical conditions which results in an inability to regulate body temperature. There is a list of acceptable medical conditions in the Information Booklet.

NOTE: Evidence of qualification for assistance for medical heating and/or cooling from a State or Territory Government scheme **will not** be accepted for the purpose of the EMEP.

Energy account details

10. At your current residence where the specified essential medical equipment, or medical heating/cooling is being used, are you:

Tick the one which applies

The holder of the energy account?

The partner of the energy account holder?

Able to demonstrate that you are responsible for contributing towards the payment of the energy account?

NOTE: You are **NOT** required to provide evidence of energy account payment with this claim. However, such evidence **must** be provided if later requested by DVA as part of a post-claim review.

11. At your current residence what type of energy is used to run the specified essential medical equipment, or medical heating and/or cooling?

Electricity

Natural Gas

Liquid Petroleum Gas

Diesel

Heating Oil

Petrol

Kerosene

EMEP claim history

12. Have you already received an Essential Medical Equipment Payment (EMEP) from the Department of Veterans' Affairs or from Centrelink for the same piece of medical equipment, at the same residence, this financial year?

No

Yes You are not eligible for this payment

13. Do you share use of the essential medical equipment you are claiming with anyone else?

No Please go to question 15

Yes Please state the full name of this person

DVA file number or CRN as applicable

14. Has an EMEP already been paid by the Department of Veterans' Affairs or Centrelink, for the shared equipment for this residence in this financial year?

No

Yes You are not eligible for this payment

Payment details

15. Should your EMEP claim be accepted, where would you like the payment to be made?

Give details of the account you want your payment made to. Payment must be made to a bank, building society or credit union account held in your name. A joint account is acceptable.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this is not always the number printed on your card)

Account held in the name(s) of:

Statement

This statement **must** be signed by you, the claimant.

The Medical Confirmation form or other evidence, where required, is to be provided with this application.

I declare that:

- The information given by me on this form is complete and correct.
- I am not a dependent child as defined under social security law.
- I meet the energy account requirements for this payment associated with the usage of the specified essential medical equipment or medical heating and/or cooling located at the residence stated in this form.
- To the best of my knowledge, no other person has been paid the Essential Medical Equipment Payment for the piece/pieces of equipment I am currently claiming for.
- I will notify the Department of Veterans' Affairs within 14 days of any changes to this information and I understand that notification can be by telephone, in person or in writing.

I understand that:

- I may need to provide further information if requested.
- Giving false or misleading information is a serious offence.
- The Department of Veterans' Affairs can act on the basis of information in its possession and can make any enquiries necessary that I receive the correct entitlements.

I authorise Australian Government Departments or agencies (including Centrelink and the Australian Taxation Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim for an essential medical equipment payment.

16. Signature of person who USES (the claimant) the essential medical equipment.

Date

Submit this claim form to DVA either:

at any DVA VAN Office

OR

**By mail to: EMEP Claims Processing
Department of Veterans' Affairs
GPO Box 9998
(in your capital city)**