

Medical Cooling or Heating Concession

Information for applicants

The Tasmanian Government provides a daily discount to electricity account holders who have, or live with a person who has, a serious medical condition that requires the use of electricity to cool or heat their homes. This assistance is provided for a period of two years, after which eligibility is required to be reviewed.

The Medical Cooling or Heating Concession is provided to assist eligible persons with the increased costs incurred from the frequent use of cooling or heating in order to assist the person to **regulate body temperature to prevent their condition becoming significantly worse** due to the impact of cold or hot weather, rather than to make them more comfortable.

For the purposes of this concession, a person has an inability to self-regulate body temperature where the person has been assessed by a registered treating medical practitioner (who is not the applicant) who has been treating them for at least three months, in relation to the condition for which the applicant is seeking the concession, as meeting:

- i) one of the core medical conditions; or
- ii) meeting one of the primary qualifying conditions and one of the secondary qualifying conditions.

To be eligible for the concession, applicants must meet the eligibility criteria set out below.

Where do I send my completed concession form?

You need to send your completed concession form to your preferred electricity retailer. Contact details for electricity retailers currently operating in Tasmania can be found on the concessions page at www.sro.tas.gov.au.

Eligibility for the concession

The applicant must:

- be a resident of Tasmania;
- be the electricity account holder;
- reside at the address on the application form, which must be the applicant's principal place of residence that requires cooling or heating in order to manage their medical condition;
- hold a current Pensioner Concession Card (issued by Centrelink or Department of Veterans' Affairs) or a current Health Care Card (issued by Centrelink);
- have or live with a person who has a qualifying medical condition that requires cooling or heating to stop their symptoms becoming significantly worse; and
- provide certification from their medical specialist or general practitioner that the medical condition is significantly worsened by extremes in cold or hot temperatures.

Qualifying medical conditions

To be eligible for the concession, the person residing at the residence must:

- have a medical condition with evidence-based association with the deterioration of this condition in temperature extremes; and
- have experienced worsening of their symptoms with temperature change.

To be eligible for the concession, the patient's medical specialist or general practitioner must certify that the patient is suffering from one of the following core medical conditions **OR** meets at least one primary **AND** one secondary qualifying condition (shown on the next page).

Medical Cooling or Heating Concession

Information for applicants

Core medical conditions:

- Multiple Sclerosis
- Lymphoedema
- Parkinson's Disease
- Fibromyalgia
- Motor Neurone Disease
- Post Polio Syndrome / Poliomyelitis
- Scleroderma
- Systemic Lupus Erythematosus
- Complex Regional Pain Syndrome

OR

Primary qualifying conditions:

- Autoimmune system dysfunction (medical conditions in which the autoimmune system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders)
- Loss of skin integrity or loss of sweating capacity, such as significant burns greater than 20 per cent, severe inflammatory skin conditions and some rare forms of disordered sweating
- Objective reduction of physiological functioning at extremes of environmental temperatures
- Hypersensitivity to extremes of environmental temperatures leading to increased pain or other discomfort or an increased risk of complications, such as advanced peripheral vascular disease

Secondary qualifying conditions:

- Severe immobility, such as occurs with quadriplegia or high level paraplegia, resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control
- Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure due to the effects of extremes of temperature
- Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature

Payment of the concession

The concession is a daily discount and is represented as a credit on the electricity bill. Calculation of the concession paid on each bill will depend on the number of days in each billing cycle. The concession will be paid from the date the electricity retailer receives the completed application form.

Renewal of concession eligibility

Applicants are required to submit a new application form every two years and will be contacted by their electricity retailer prior to the date the current concession approval expires. Applicants will also need to arrange for a medical specialist or general practitioner to complete a new medical certification form and will also need to confirm their concession card status and living arrangements in order to remain eligible for the concession.

Change of circumstances

Concession recipients must notify the electricity retailer immediately of any changes to your address or eligibility to receive the concession. Failure to notify changes may result in payment being suspended.

Privacy statement

Your electricity retailer and the State Revenue Office are collecting this personal information for the sole purpose of assessing your eligibility for an electricity concession. The information collected on this form is deemed personal information for the purposes of the *Personal Information Protection Act 2004*. Without this information, your application for the concession will not be able to proceed. You are able to request access to the personal information held about you, and to request it be corrected if necessary, by contacting your electricity retailer.

Should you have any questions about this statement, please contact the State Revenue Office on (03) 6166 4400 or 1800 001 388 (for Tasmanian-based callers outside the '62' area).

Medical Cooling or Heating Concession

Application Form

Medical Cooling or Heating Concession

Electricity account holder's details

First Names	Surname
Residential Address	
Suburb/Town	Postcode
Postal Address (if different from above)	
Suburb/Town	Postcode
Home Phone No.	Mobile Phone No.

Electricity retailer's details

Electricity Retailer	
Account No.	National Meter Identifier (NMI) No. (if known)

Patient's details

First Names	Surname
Residential Address	
Suburb/Town	Postcode

Account holder's concession card type (please ✓)

<input type="checkbox"/> Pensioner Concession Card (Centrelink or Veterans' Affairs)	<input type="checkbox"/> Health Care Card (Centrelink)
--------------------------------------------------------------------------------------	--------------------------------------------------------

Account holder's concession card number

Centrelink Card Number (CRN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans' Affairs Card (File Number)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure that your medical practitioner completes the certification on the next page.

Failure to complete all necessary sections of the form may delay the processing of your application.

Medical Cooling or Heating Concession

Medical practitioner's certification – Please complete all parts below:

To be completed by Medical Practitioner

A. Medical Practitioner's Details

Specialist/GP surname	Specialist/GP first name
AHPRA No.	Position
Name of patient	Address of patient
Clinic/practice where patient reviewed	Telephone of clinic/practice where patient reviewed

B. Medical practitioner certification

I certify that this patient suffers from an inability to self-regulate body temperature. I have been treating this patient for at least three months in relation to the condition for which the applicant is seeking the concession and they meet one of the core medical conditions (Part C) **OR** they meet at least one primary qualifying condition **AND** one secondary qualifying condition (Parts D and E).

Signature	Date	/	/
-----------	------	---	---

C. Core medical conditions

<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Motor Neurone Disease
<input type="checkbox"/> Lymphoedema	<input type="checkbox"/> Post Polio Syndrome / Poliomyelitis
<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Scleroderma
<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Systemic Lupus Erythematosus (SLE)
<input type="checkbox"/> Complex Regional Pain Syndrome	

OR

D. Primary medical conditions

<input type="checkbox"/>	Autoimmune system dysfunction (medical conditions in which the autoimmune system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders)
<input type="checkbox"/>	Loss of skin integrity or loss of sweating capacity, such as significant burns greater than 20 per cent, severe inflammatory skin conditions and some rare forms of disordered sweating
<input type="checkbox"/>	Objective reduction of physiological functioning at extremes of environmental temperatures
<input type="checkbox"/>	Hypersensitivity to extremes of environmental temperatures leading to increased pain or other discomfort or an increased risk of complications, such as advanced peripheral vascular disease

AND

E. Secondary medical conditions

<input type="checkbox"/>	Severe immobility, such as occurs with Quadriplegia or high level paraplegia, resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control
<input type="checkbox"/>	Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure due to the effects of extremes of temperature
<input type="checkbox"/>	Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature

F.	Is life support the reason for the use of the Medical Cooling or Heating device?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----------	----------------------------------------------------------------------------------	-----	--------------------------	----	--------------------------

Applicant declaration, authorisation and consent

I, _____ declare that:
(name of signatory)

- All the particulars 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 person that has an inability to self-regulate body temperature (if patient is different from electricity account holder).
- I currently hold one of the eligible concession cards listed above.
- I will notify My Electricity Retailer (as specified in the above section 'Electricity retailer's details') in writing if the patient ceases to reside with me or if my circumstances change.

I, _____ authorise:
(name of signatory)

- My Electricity Retailer (as specified in the above section 'Electricity retailer's details') and the Tasmanian Department of Treasury and Finance (State Revenue Office) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable My Electricity Retailer and the Tasmanian Department of Treasury and Finance (State Revenue Office) to determine if I qualify, or continue to qualify, for the Medical Cooling or Heating Concession.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to My Electricity Retailer and the Tasmanian Department of Treasury and Finance (State Revenue Office).

I understand that:

- the department will use information I have provided to My Electricity Retailer and the Tasmanian Department of Treasury and Finance (State Revenue Office) to confirm my eligibility for the Medical Cooling or Heating Concession and will disclose to My Electricity Retailer and the Tasmanian Department of Treasury and Finance (State Revenue Office) 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 them or the department.
- I can obtain proof of my circumstances/details from the department and provide it to My Electricity Retailer and the Tasmanian Department of Treasury and Finance (State Revenue Office) so that my eligibility for the Medical Cooling or Heating 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 Medical Cooling or Heating Concession provided by My Electricity Retailer and the Tasmanian Department of Treasury and Finance (State Revenue Office).

Signature of Applicant

Date

/ /