

When to use this form



Use this form to claim the Essential Medical Equipment Payment (EMEP) for more than 1 person living at the same address, using essential medical equipment and/or medically required heating/cooling with only 1 person claiming.

This claim form can be used by a person who **uses** any essential medical equipment (including medically required heating/cooling) who cares for up to 3 other people who use also use any of this equipment (up to 4 people in total).

This claim form can also be used by a person who **does not** use essential medical equipment themselves but is claiming for up to 3 people they care for who do use any of this equipment (up to 3 people in total).

This payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

Online services



You can claim this payment online by logging into your Centrelink online account through myGov. **Your claim will be assessed faster if you lodge online than if you complete this paper claim form.**

You can access your Centrelink online account through myGov. myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at **my.gov.au** and link it to your Centrelink online account. To make a claim online, access your Centrelink online account through myGov, then select **Make a Claim**.

How much will be paid

This payment is paid at one rate, regardless of the piece of equipment being operated. This payment will be indexed annually, on 1 July each year, in line with the Consumer Price Index. The payment will:

- be a tax free lump sum, paid annually
- be exempt income under social security law, veterans' law and families law
- be paid annually after the initial payment, unless you advise us of change in circumstances that would make you ineligible for payment
- not be subject to an income or asset test
- be payable to Payment Nominees.

Important information

If you are solely a Department of Veterans' Affairs customer, you **must** claim through the Department of Veterans' Affairs. You need to contact the Department of Veterans' Affairs as we cannot process your claim.

Who is eligible for assistance

You may be eligible for this payment if you, or someone you care for:

- use(s) 1 or more pieces of qualifying essential medical equipment, or medically requires heating/cooling as a result of a specified medical condition, **and** hold or are listed on a qualifying Commonwealth concession card, and

you are either:

- the energy account holder for the residence
- the partner of the energy account holder for the residence
- able to demonstrate that you, or the person you care for contribute towards payment of the energy account for the residence.

Keep these Notes (pages 1 to 9) for your information.

The following conditions must be met:

- no other person has already received this payment from Services Australia or the Department of Veterans' Affairs (DVA), in the same financial year, for a given piece of equipment or medically required heating/cooling, in a given residence, or
- no more than 2 payments paid in the same financial year, for a given piece of equipment or medically required heating/cooling, in 2 separate residences, and
- you must be in Australia to claim this payment
- you are not a dependent child of another person (as defined under social security law).

Once you have been granted the payment you will not need to claim again. You will receive the payment automatically each financial year, unless your circumstances have changed from the time of your original claim.

How will payments be made

Payments will be made to a bank, building society or credit union account held in **your** name. A joint account is acceptable.

What else you will need to provide

You may need to provide identity documents. For a list of acceptable documents, refer to 'Confirming your identity' in these **Notes**.

For more information

Go to servicesaustralia.gov.au/emep or visit one of our service centres.

Call us on **132 717**.

We can translate documents you need for your claim or payments for free.

To speak to us in your language, call **131 202**.

Call charges may apply.

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.



Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this ► **Go to 1** skip to the question number shown.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents:

- **online** (excluding identity documents) using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to
Essential Medical Equipment Payment
PO Box 7825
CANBERRA BC ACT 2610
- In person at one of our service centres, if you are unable to use your Centrelink online account.

Important Note: You must return **all** supporting documents at the same time you lodge this claim form. If you do not return all documents, your claim may not be accepted. The only exception will be if you are waiting for medical evidence or other documents from a third party.

Proof that medical equipment is required

To qualify for this payment, you must provide proof that you (or the person with medical needs if not the claimant) require the specified essential medical equipment or medically required heating/cooling as a result of a specified medical condition. This proof can be provided by submitting either:

- certification from a Medical Practitioner (a **medical confirmation** form is available as part of this claim form)
- evidence that you (or the person with medical needs if not the claimant), currently qualifies for assistance for the same specified essential medical equipment (**excluding medically required heating/cooling**) under one of the state or territory government schemes, or the Department of Veterans' Affairs Rehabilitation Appliances Program.

Examples of the evidence that can be provided for essential medical equipment, include (but are not confined to):

- notification from a state or territory government confirming the claimant's eligibility for their scheme for that equipment
- an energy bill showing receipt of a rebate or concession in respect of a state or territory government scheme
- a bank statement or payment advice showing that a rebate or concession has been paid in respect of a state or territory government scheme for that equipment
- a notification from the Department of Veterans' Affairs that the equipment was supplied through the Rehabilitation Appliances Program.

Medical equipment

The following list of essential medical equipment attracts an Essential Medical Equipment Payment.

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a Medical Practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

This list, made under social security law, specifies essential medical equipment for the purposes of this payment and may be subject to change.

Note: The above equipment may be recognised under a different title, if you are not sure go to servicessaustralia.gov.au/emep and refer to a table of alternate titles or contact your Medical Practitioner.

Medical conditions

To be eligible to claim a payment for medically required heating/cooling, you (or the person with medical needs if not the claimant) must have 1 of the following medical conditions, which results in the inability to regulate your/their body temperature.

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20 per cent of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas.

This list, made under social security law, specifies medical conditions for the purposes of this payment and may be subject to change.

Proof of responsibility for energy costs

To qualify for this payment, you must be able to provide evidence that you (or the person with medical needs you care for) contribute(s) to the energy costs for the residence in which the specified essential medical equipment or medically required heating/cooling is being used.

Approved forms of energy are:

- Electricity
- Natural gas
- Liquid petroleum gas
- Diesel
- Heating oil
- Petrol
- Kerosene.

This list, made under social security law, specifies approved forms of energy for the purposes of this payment and may be subject to change.

An example of evidence that can be provided is a recent energy account at the relevant residence, in the name of the claimant, their partner or the person with medical needs they care for.

Where an energy account is not available, or the name of the claimant, their partner or the person with medical needs they care for does not appear on the energy account, a signed declaration from the account holder, stating that they contribute towards the payment of the energy account for the relevant residence.

Note: This evidence is not required at the time of claim but must be provided if later requested by Services Australia. Failure to provide this evidence would cancel eligibility for this payment.

Who is a carer

For the purposes of this payment, it is not a requirement that a carer be recognised as a formal carer. A carer is a person who provides care and attention on a regular and ongoing basis for a person with medical needs.

For the carer to be eligible to receive the payment, the carer and the person with medical needs **must** live together in the same residence.

A carer relationship is assumed between a child and the adult responsible for their care, including a foster carer of a child or **both** parents in a shared care arrangement. The carer of a non-dependent child may also qualify for this payment.

Where the person with medical needs is not a dependent child, this person must consent to a claim for the payment to be made by the carer (this authorisation is available as part of this claim form).

Note: Consent can be withdrawn at any time and a subsequent claim for this payment made by the person with medical needs, is considered a withdrawal of authorisation and will cancel the carer eligibility for this payment.

Commonwealth concession cards

To be eligible for this payment, you (or the person with medical needs if not the claimant) must hold or be listed on a qualifying Commonwealth concession card issued by Services Australia under social security law.

For example:

- Pensioner Concession Card (PCC)
- Health Care Card (HCC) issued for any reason
- Commonwealth Seniors Health Card (CSHC).

You may still be eligible for this payment where you (or the person with medical needs if not the claimant), hold a qualifying Commonwealth concession card issued by the Department of Veterans' Affairs under veterans' law. A claim for this payment **must** be made through the Department of Veterans' Affairs.

Note: This evidence is not required. On assessment of this claim Services Australia will verify that the concession card requirement is met.

Valid residences

For the purpose of this payment, a valid residence **must** be the person's home located in Australia and is either a private residence, or any other dwelling **excluding** the list below:

- A residence in which the person is in residential care, for the purposes of the *Social Security Act 1991*
- Hospital or other medical facility
- Residential rehabilitation centre
- Prison and detention centres.

This list, made under social security law, specifies excluded residences for the purposes of this payment and may be subject to change.

You and the person(s) with medical needs, if not the claimant, **must** be residing at the same residence.

Multiple payments allowable

You may claim a single payment for **each** piece of essential medical equipment, or a single payment for medically required heating/cooling.

For example:

- 1 person uses both a respirator and a feeding pump in their home – 2 payments are payable, or
- 1 person has a medical condition which results in an inability to regulate their body temperature and uses medically required heating/cooling in their home – only 1 payment is payable.

A maximum of 2 payments can be made in a financial year, for each eligible piece of equipment, if the person with medical needs has more than one residence.

For example, an elderly parent with medical needs lives with 2 different family members during the year. The family member, or elderly parent, is responsible for paying the energy account. In this case the family member at each residence could claim this payment for the elderly parent, or the elderly parent could claim this payment at each residence.

A separate claim must be lodged for each eligible residence and the person with medical needs must be residing at the same residence as the claimant.

Note: Where eligibility for this payment has been established for a person with medical needs, evidence provided to Services Australia is not required again, however must be provided if requested.

Note: Where eligibility for this payment has been established for a person with medical needs in respect of a given residence, a subsequent claim made for the same person at a different residence, will cancel the eligibility for this payment at the former given residence.

If the person with medical needs returns to the former residence, a new claim may be made for that residence in a new financial year.

This does **not** apply where the person with medical needs is a dependent child in a shared care arrangement, as **both** residences where they live are considered a valid residence for the purpose of this payment.

Shared equipment

Where 1 piece of essential medical equipment, or medically required heating/cooling, is shared by multiple people in the same residence, then only 1 payment is payable in respect of that equipment and residence per financial year.

For example:

- 2 people living in the same house share the use of a single nebuliser – only 1 payment is payable, or
- 2 people living in the same house and each has a medical condition that results in an inability to regulate their body temperature. This means they have a medical requirement to use heating/cooling – only 1 payment is payable. (This also applies where 1 person uses medically required heating and the other person uses medically required cooling).

The payment is payable as a lump sum, only to the claimant, and can **not** be split. Where a sharing arrangement exists, both parties should acknowledge and nominate the claimant before making a claim for this payment.

Definition of a dependent child

You can **not** claim this payment if you are a dependent child of another person as defined under social security law. The claim would need to be made by the relevant adult carer.

For the purposes of this payment, you are considered to be dependent if you are:

- **a child under 16 years of age, and:**
 - an adult has legal responsibility, either alone or jointly with another person for the day to day care, welfare and development of you (the young person) and you are in an adult's care, and
 - you are dependent on someone else under the previous point and are wholly or substantially in an adult's care, and
 - you are a full time student, and
 - you do not receive weekly income from any source other than maintenance, of more than the dependency limit, and
 - you do not receive a payment under a Labour Market Program, and
 - you do not receive a social security pension or benefit, or
- **a child over 16 years of age and under 22 years of age, and:**
 - are studying full time at school, university, TAFE, or equivalent level, and
 - do not receive a payment under a Labour Market Program, and
 - do not receive a social security pension or benefit, and
 - do not have personal income from earnings, casual, part time or full time employment that exceeds the personal income limit in the financial year.

If you meet any of the criteria above, you are deemed to be a dependent child and **not** eligible for this payment.

Changes you must tell us about

After lodgement of this claim, you (and/or the person with medical needs) have an **obligation** to inform us **within 14 days** of **any** changes to your circumstances.

For example (but not limited to), you (and/or the person with medical needs):

- change your address
- no longer require the medical equipment or medically required heating/cooling
- no longer contribute to the payment of the household energy account
- enter or are admitted into an aged care residence, residential rehabilitation centre, hospital, medical facility, or you are held in a detention centre or prison
- no longer live in Australia
- no longer live with the person with medical needs.

When claiming a payment or service from Services Australia, you may be required to confirm your identity.

You must provide the following original documents (not copies), one of which must be an acceptable photo ID document:

- 1 commencement document to confirm your birth or arrival in Australia, and
- 1 primary document **and** 1 secondary document to show the use of your identity in the community.

You may need to attend a service centre in person so we can compare you to a photo on 1 of your documents.

If your name differs between the identity documents you have provided, you will also need to provide evidence of change of name (i.e. marriage certificate or change of name certificate).

We cannot accept:

- copies or certified copies
- expired documents
- the same document for more than 1 category.

To confirm your identity, we will need to verify the documents you provide with the issuing agency.

If you do not have enough documents, tell us and we will talk to you about other options.

All documents must be Australian issued and current unless otherwise specified.

You may be required to provide documents again if you claim another payment or your circumstances change.

Commencement documents to confirm your birth or arrival in Australia

You must provide 1 of the following:

Document	Details
Australian birth certificate	A full birth certificate in your name or former name, issued by an Australian state or territory Registry of Births, Deaths and Marriages. We cannot accept birth extracts or birth cards.
Australian visa	Must be a current visa issued in your name or former name. We cannot accept visa grant notification letters or expired visas.
Australian citizenship certificate	Issued in your name or former name. If you do not have a certificate issued in your own name, we will accept your parents' certificate if you are listed as a child with your full name and date of birth.
ImmiCard	A photo identity card issued in your name or former name by the Department of Home Affairs or the Department of Immigration and Border Protection.
Australian passport	A current passport issued in your name or former name.
Certificate of identity	Issued in your name or former name by the Department of Foreign Affairs and Trade.
Document of identity	Issued in your name or former name by the Department of Foreign Affairs and Trade.

Primary documents to show the use of your identity in the community

You must provide either:

- another document to confirm your birth or arrival in Australia, or
- 1 of the following:

Document	Details
Australian driver licence – motor vehicle	Current licence, learner permit or provisional licence issued by an Australian state or territory road transport authority in your name with your photo and signature.
Australian marriage certificate	Issued by an Australian state or territory Registry of Births, Deaths and Marriages. We cannot accept ceremonial, church or celebrant issued certificates.
Foreign passport	Current passport issued by another country, with a valid entry stamp or visa.
Proof of age card	Current card issued by a state or territory government agency in your name with your photo.
Shooter or firearm licence	Current licence issued by a state or territory government agency in your name with your photo. We cannot accept minor or junior permits or licences.
Secondary student ID card	Current card issued by an Australian secondary school in your name with your photo. This is only if you are under 18 and do not have any other primary documents.

Secondary documents to show the use of your identity in the community

You must provide either:

- another document to confirm your birth or arrival in Australia, or
- another primary document, or
- 1 of the following:

Document	Details
Security licence	Current security protection industry or crowd control licence issued by an Australian state or territory government agency, in your name with your photo.
Bank or financial institution card, statement or passbook	Current ATM, credit or debit card with your name issued by an Australian bank, credit union or building society. You can also use a statement or passbook from a current account with your name and address. We cannot accept documents from foreign banks or institutions.
Child's birth certificate	Birth certificate for a child issued by an Australian state or territory Registry of Births, Deaths and Marriages showing your name as a parent or guardian.
Defence Force identity card	Issued by the Australian Defence Force and shows your name and photo.
Australian divorce papers	In your name or former name, for example, a Decree Nisi or Decree Absolute.
Educational certificate	Qualification certificate from a school, TAFE, university or Registered Training Organisation in your name or former name.
Certified academic transcript	Issued by an Australian school, TAFE, university or Registered Training Organisation in your name or former name.
Name change	Legal change of name certificate issued by an Australian state or territory Registry of Births, Deaths and Marriages.
Veterans' Affairs card	Current card issued by the Department of Veterans' Affairs in your name.
Tenancy agreement or lease	Current formal agreement or lease in your name and showing your address.
Motor vehicle registration	Current registration showing your name and address.
Documents issued by foreign governments	Foreign birth, marriage or education certificate, driver licence, national identity card or expired passport.
Australian Government issued photo ID card	Current Commonwealth, state or territory issued card in your name.
Rates notice	Notice in your name and showing your address that is less than 12 months old.
Utility account	Water, gas, electricity or phone account in your name and showing your address that is less than 12 months old.
Student ID card	Current card issued by an Australian secondary school, TAFE, university or Registered Training Organisation in your name with your photo.
Electoral enrolment	Proof of enrolment card in your name and showing your address.
Aviation security identity card (ASIC)	Current card issued by an approved ASIC issuing body in your name with your photo or signature.
Maritime security identity card (MSIC)	Current card issued by an approved MSIC issuing body in your name with your photo or signature.
Police identity card	Current card issued by an Australian police force in your name with your photo or signature.
Prison release certificate	In your name with your photo or signature.
Tangentyere Community ID card	Current card issued by the Tangentyere Council in your name and with your photo.

English

To speak to us in your language, call **131 202**. Call charges may apply. For information in your language about our payments and services, go to servicesaustralia.gov.au/yourlanguage

Arabic

للتحدث إلينا بلغتك، اتصل على الرقم **131 202**. قد تفرض الرسوم على هذا الاتصال. للحصول على معلومات بلغتك عن المدفوعات والخدمات التي نقدمها، اطلع على الرابط servicesaustralia.gov.au/yourlanguage

Assyrian

لەمەڕەین بێجە تێتێن ڤێتەمە، مەدە، بێدە ڤەبەتێن ڤەتێن **131 202**. تێخێن ڤەتێنە، تێ مەتێن ڤەبەتێن. لێتێن ڤەمەتێنە، تێتێن ڤێتەمە، مەدە ڤەتێن مەتێنە، مەسەمە، servicesaustralia.gov.au/yourlanguage تێخێن

Chaldean

لەمەڕەین بێجە تێتێن ڤێتەمە، مەدە، بێدە ڤەبەتێن ڤەتێن **131 202**. تێخێن ڤەتێنە، تێ مەتێن ڤەبەتێن. لێتێن ڤەمەتێنە، تێتێن ڤێتەمە، مەدە ڤەتێن مەتێنە، مەسەمە، servicesaustralia.gov.au/yourlanguage تێخێن

Chinese (Simplified)

如果您希望用自己的语言与我们交谈, 请致电 **131 202** (可能需要收话费)。获取有关我们提供的各项福利金以及相关服务的中文资料可访问 servicesaustralia.gov.au/yourlanguage

Croatian

Da razgovarate s nama na vašem jeziku, pozovite **131 202**. Pozivi se mogu naplaćivati. Za informacije o našim isplatama i uslugama na vašem jeziku, pogledajte servicesaustralia.gov.au/yourlanguage

Dari

برای صحبت کردن با ما به لسان خودتان، به شماره **131 202** زنگ بزنید. این مکالمه ممکن است برایتان خرج بردارد. برای معلومات بیشتر راجع به مساعدت های مالی و خدمات ما به لسان خودتان، به وبسایت servicesaustralia.gov.au/yourlanguage مراجعه کنید.

Greek

Για να μας μιλήσετε στη γλώσσα σας, καλέστε το **131 202**. Μπορεί να ισχύουν χρεώσεις κλήσης. Για πληροφορίες στη γλώσσα σας σχετικά με τις πληρωμές και τις υπηρεσίες μας, πηγαίνετε στο servicesaustralia.gov.au/yourlanguage

Italian

Per parlare con noi nella tua lingua, chiama il numero **131 202**. La chiamata potrebbe essere soggetta a tariffa. Per informazioni nella tua lingua in merito a sussidi e servizi, visita il sito servicesaustralia.gov.au/yourlanguage

Khmer

ដើម្បីនិយាយមកកាន់យើងខ្ញុំជាភាសាលោកអ្នក សូមទូរស័ព្ទទៅលេខ **131 202**។ លោកអ្នកអាចបង់ថ្លៃទូរស័ព្ទ។ ដើម្បីទទួលព័ត៌មានជាភាសាលោកអ្នកអំពីប្រាក់ផ្តល់និងសេវារបស់យើងខ្ញុំ សូមចុចលើ servicesaustralia.gov.au/yourlanguage

Korean

귀하의 언어로 통화하기를 원하시면, **131 202** 번으로 전화하십시오. 통화료가 부과될 수 있습니다. 귀하의 언어로 저희가 제공하는 급부금 및 서비스에 대한 정보를 찾아보기 원하시면, servicesaustralia.gov.au/yourlanguage 에 방문하십시오.

Kurdish (Kurmanji)

Ji bo ku bi zimanê xwe bi me re biaxivin, ev reqemên **131 202** re telefon bikin. Dibe ku bihayên telefon kirin were sepandin. Ji bo agahdariya di derbarê diravdanî û xizmetên me de herin li ser servicesaustralia.gov.au/yourlanguage

Macedonian

За да зборувате со нас на македонски јазик, јавете се на **131 202**. Повиците може да се наплаќаат. За информации на македонски јазик за нашите исплати и услуги, отидете на servicesaustralia.gov.au/yourlanguage

Persian (Farsi)

برای گفتگو با ما به زبان خود، با شماره **131 202** تماس بگیرید. ممکن است تماس هزینه داشته باشد. برای کسب اطلاعات درباره پرداختها و خدمات ما به زبان خود، به تارنمای servicesaustralia.gov.au/yourlanguage بروید.

Russian

Чтобы проконсультироваться с нами на родном языке, позвоните по номеру **131 202**. Звонок может быть платным. За сведениями о наших выплатах и услугах на вашем языке обращайтесь по адресу servicesaustralia.gov.au/yourlanguage

Serbian

Da razgovarate sa nama na vašem jeziku, pozovite **131 202**. Pozivi mogu da se naplaćuju. Za informacije o našim isplatama i uslugama na vašem jeziku, pogledajte servicesaustralia.gov.au/yourlanguage

Spanish

Para hablarnos en español llame al **131 202**. Puede que se le cobre la llamada. Obtenga información en español sobre nuestros pagos y servicios en servicesaustralia.gov.au/yourlanguage

Turkish

Bizimle kendi dilinizde konuşmak için **131 202** numaralı telefonu arayın. Arama ücreti uygulanabilir. Ücretlerimiz ve hizmetlerimiz hakkında kendi dilinizde bilgi için şu siteye girin: servicesaustralia.gov.au/yourlanguage

Vietnamese

Muốn nói chuyện với chúng tôi bằng ngôn ngữ của mình, quý vị hãy gọi số **131 202**. Có thể bị tính cước gọi. Muốn biết thông tin bằng ngôn ngữ của mình về các khoản trợ cấp và dịch vụ của chúng tôi, quý vị hãy truy cập servicesaustralia.gov.au/yourlanguage

This page has been left blank intentionally.

Claim for Essential Medical Equipment Payment


Multiple claim (SA451)

You can claim the Essential Medical Equipment Payment by logging into your Centrelink online account through myGov. **Your claim will be assessed faster if you lodge online than if you complete this paper claim form.**

If you are solely a Department of Veterans' Affairs recipient you **must** claim through the Department of Veterans' Affairs.


- 1 Are you claiming an Essential Medical Equipment Payment, as either:
- a person with medical needs who uses 1 or more pieces of qualifying essential medical equipment, or medically required heating/cooling, in your current residence, and/or
 - a carer of 1 or more people with medical needs, who you currently live with?

For the list of eligible medical equipment and for more information about medically required heating/cooling, refer to the **Notes**.

No  You may not be entitled to this payment.
Refer to the **Notes**.

Yes *Go to next question*


- 2 Are you currently in Australia?

No  You may not be entitled to this payment.
Refer to the **Notes**.

Yes *Go to next question*

- 3 Are you a dependent child of another person?

No *Go to next question*

Yes  You may not be entitled to this payment.
Refer to the **Notes**.

- 4 **Read** this before answering the following question.


Commonwealth concession cards include

- Pensioner Concession Card (PCC)
- Health Care Card (HCC), issued for any reason
- Commonwealth Seniors Health Card (CSHC).

To be eligible for payment the card **must** be issued by Services Australia under social security law.

You may still be eligible if you have a qualifying concession card issued by the Department of Veterans' Affairs under veterans' law. In this case a claim for this payment **must** be made through the Department of Veterans' Affairs.


Are you (and/or each person with medical needs you care for) the holder of, or are listed on a current qualifying Commonwealth concession card?

No  You may not be entitled to this payment.
Refer to the **Notes**.

Yes *Go to next question*

- 5 For the residence where the energy is used to operate the essential medical equipment or medically required heating/cooling, are you, your partner, or the person(s) with medical needs:

- the energy account holder, or
- a contributor towards the payment of the energy account?

No  You may not be entitled to this payment.
Refer to the **Notes**.

Yes *Go to next question*

- 6 **Read** this before answering the following question.


If you move, or relocate to another residence in the same financial year, you are able to claim a payment for the same piece of essential medical equipment, or medically required heating/cooling at the new residence (up to a maximum of 2 residences for each piece of essential medical equipment and/or medically required heating/cooling in a given financial year).

Where 1 piece of essential medical equipment, or medically required heating/cooling, is shared by multiple people in the same residence, then only 1 claim is payable in respect of that equipment and residence per financial year.

For more information, refer to the **Notes**.

Have you already received an Essential Medical Equipment Payment from Services Australia or the Department of Veterans' Affairs, for the **same piece** of medical equipment, or medically required heating/cooling, at the **same residence** this financial year?


No *Go to next question*

Yes  You may not be entitled to this payment.
Refer to the **Notes**.

- 7 Has anybody else received an Essential Medical Equipment Payment from Services Australia or from the Department of Veterans' Affairs, for the **same piece** of medical equipment, or medically required heating/cooling, at the **same residence** you are claiming for this financial year?

This includes other people sharing the equipment.

No *Go to next question*

Yes  You may not be entitled to this payment.
Refer to the **Notes**.



CLK0SA451 2309

8 Do you need an interpreter when dealing with us?

This includes an interpreter for people who have a hearing or speech impairment.

No Go to 11

Yes Go to next question

9 What is your preferred spoken language?

10 What is your preferred written language?

11 Do you have a Centrelink Reference Number?

No Go to next question

Yes Your Centrelink Reference Number (if known)


12 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

 You may need to provide identity documents. For a list of acceptable documents, refer to 'Confirming your identity' in the **Notes**.

13 Have you been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No Go to next question

Yes Give details below

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, maiden name)

If you need more space, provide a separate sheet with details.

14 Your gender

Male

Female

Non-binary

15 Your date of birth (DD MM YYYY)

16 What is your home address?

Postcode

17 Is this the residence where the essential medical equipment or medically required heating/cooling is used?

No Go to next question

Yes Go to 20

27 What essential medical equipment do you use?

To be eligible for the Essential Medical Equipment Payment, you must provide relevant evidence certifying that you require the use of 1 or more pieces of the essential medical equipment.

Do not record any equipment that you share in your current residence where the Essential Medical Equipment Payment has been claimed and paid to another person.

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a Medical Practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump



You will need to provide either:
 certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form)
 evidence of qualification for assistance from a state or territory government scheme
 evidence that the equipment was supplied by the Department of Veterans' Affairs through the Rehabilitation Appliances Program.

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

Tick one only

- the holder of the energy account
- the partner of the holder of the energy account
- able to demonstrate that you contribute towards payment of the energy account

You are **not** required to provide evidence with this claim, **however**, such evidence **must** be provided if later requested by us as part of a post-claim review.

Failure to respond to the review or satisfy this requirement would cancel your eligibility for this payment.

29 At your current residence what type of energy is used to run the specified essential medical equipment, or medically required heating/cooling?

Tick one only that applies to your energy account

- Electricity
- Natural Gas
- Liquid Petroleum Gas
- Diesel
- Heating oil
- Petrol
- Kerosene

30 Are you claiming for more than 1 person who use essential medical equipment and/or medically required heating/cooling?

No **You do not need to complete this form.**

You should complete a standard **Essential Medical Equipment Payment (SA440)** form.

Yes Give details below

Name each person you are claiming for, who use essential medical equipment, or medically required heating/cooling.

Person 1 Name

Person 2 Name

Person 3 Name

Give details on the following pages, for each person named above.

► *Go to next question*


Person 1

31 Does this person with medical needs have a Centrelink Reference Number?
No **Go to next question**
Yes This person's Centrelink Reference Number (if known)

32 Name of this person using the essential medical equipment, or medically required heating/cooling
Mr Mrs Miss Ms Mx Other
Family name

First given name

Second given name

 You may need to provide identity documents for this person. For a list of acceptable documents, refer to 'Confirming your identity' in the **Notes**.
If this person is a dependent child, **only** confirmation of birth is required.

33 Has this person been known by any other name(s)?
Include:
• name at birth
• name before marriage
• previous married name
• Aboriginal or skin name
• alias
• adoptive name
• foster name.
No **Go to next question**
Yes **Give details below**

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, maiden name)

If you need more space, provide a separate sheet with details.

34 This person's gender
Male
Female
Non-binary

35 This person's date of birth (DD MM YYYY)

36 Is this person a dependent child?
No If this person with the medical needs not a dependent child, they **must sign at question 46**.
Go to next question
Yes **Go to next question**

37 This person's current home address (if different to yours)

Postcode

38 Is this the residence where the essential medical equipment or medically required heating/cooling is used?
No **Go to next question**
Yes **Go to 41**

39 What is the address of the residence where the essential medical equipment or medically required heating/cooling is used?

Postcode

40 What type of residence is this?
Tick one only
Term (schooling)
Temporary residence
Indicate the date this person is expected to leave this residence
 (DD MM YYYY)

41 Read this before answering the following question.


To be eligible for payment for medically required heating/cooling, the person with medical needs must have 1 of the qualifying medical conditions which result in the inability to regulate body temperature.

Does this person have one of the 8 medical conditions listed below that results in the inability to regulate body temperature?

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20% of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

No Go to next question

Yes

 You will need to provide certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form). Evidence of qualification for assistance from a state or territory government scheme will **not** be accepted.


42 What essential medical equipment does this person use?

To be eligible for the Essential Medical Equipment Payment, you must provide relevant evidence certifying that this person with medical needs requires the use of 1 or more pieces of the essential medical equipment.

Do not record any equipment that is shared in your current residence where the Essential Medical Equipment Payment has been claimed and paid to another person.

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a Medical Practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

 You will need to provide either:
 certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form)
 evidence of qualification for assistance from a state or territory government scheme
 evidence that the equipment was supplied by the Department of Veterans' Affairs through the Rehabilitation Appliances Program.

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

Tick one only

- the holder of the energy account
- the partner of the holder of the energy account
- able to demonstrate that you, or this person with medical needs you care for contribute towards payment of the energy account

You are **not** required to provide evidence with this claim, **however**, such evidence **must** be provided if later requested by us as part of a post-claim review.
 Failure to respond to the review or satisfy this requirement would cancel your eligibility for this payment.

44 At your current residence what type of energy is used to run the specified essential medical equipment, or medically required heating/cooling?

Tick one only that applies to your energy account

- | | |
|---|--------------------------------------|
| Electricity <input type="checkbox"/> | Heating oil <input type="checkbox"/> |
| Natural Gas <input type="checkbox"/> | Petrol <input type="checkbox"/> |
| Liquid Petroleum Gas <input type="checkbox"/> | Kerosene <input type="checkbox"/> |
| Diesel <input type="checkbox"/> | |

45 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

46 Read this before answering the following question.

Where a person making a claim for an Essential Medical Equipment Payment is **not** the person with medical needs and who is not a dependent child, the claim **must** be signed by the person with medical needs.

The person with medical needs named at question 32 (if **not** an dependant child), is required to sign the statement below.

I consent that:

- this claim for the Essential Medical Equipment Payment be made by the person indicated at question 12.

I declare that:

- the information given, about me, on this form is complete and correct.

I understand that:

- I am no longer eligible to receive a payment this financial year, if a payment is made for the same residence and essential medical equipment, or medically required heating/cooling, specified in this form.
- I can withdraw my consent at any time and to do so would cancel the eligibility of the person indicated at question 12 for this payment.
- giving false or misleading information is a serious offence.

Signature of this person who uses the essential medical equipment



Date (DD MM YYYY)

--	--	--

47 Are you claiming for another person who uses essential medical equipment, or medically required heating/cooling?

No **Go to 48 on page 14**

Yes **Go to next question**

41 Read this before answering the following question.


To be eligible for payment for medically required heating/cooling, the person with medical needs must have 1 of the qualifying medical conditions which result in the inability to regulate body temperature.

Does this person have one of the 8 medical conditions listed below that results in the inability to regulate body temperature?

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20% of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

No Go to next question

Yes

 You will need to provide certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form). Evidence of qualification for assistance from a state or territory government scheme will **not** be accepted.


42 What essential medical equipment does this person use?

To be eligible for the Essential Medical Equipment Payment, you must provide relevant evidence certifying that this person with medical needs requires the use of 1 or more pieces of the essential medical equipment.

Do not record any equipment that is shared in your current residence where the Essential Medical Equipment Payment has been claimed and paid to another person.

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a Medical Practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

 You will need to provide either:
 certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form)
 evidence of qualification for assistance from a state or territory government scheme
 evidence that the equipment was supplied by the Department of Veterans' Affairs through the Rehabilitation Appliances Program.

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

Tick one only

- the holder of the energy account
- the partner of the holder of the energy account
- able to demonstrate that you, or this person with medical needs you care for contribute towards payment of the energy account

You are **not** required to provide evidence with this claim, **however**, such evidence **must** be provided if later requested by us as part of a post-claim review.
 Failure to respond to the review or satisfy this requirement would cancel your eligibility for this payment.

44 At your current residence what type of energy is used to run the specified essential medical equipment, or medically required heating/cooling?

Tick one only that applies to your energy account

- | | |
|---|--------------------------------------|
| Electricity <input type="checkbox"/> | Heating oil <input type="checkbox"/> |
| Natural Gas <input type="checkbox"/> | Petrol <input type="checkbox"/> |
| Liquid Petroleum Gas <input type="checkbox"/> | Kerosene <input type="checkbox"/> |
| Diesel <input type="checkbox"/> | |

45 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

46 Read this before answering the following question.

Where a person making a claim for an Essential Medical Equipment Payment is **not** the person with medical needs and who is not a dependent child, the claim **must** be signed by the person with medical needs.

The person with medical needs named at question 32 (if **not** an dependant child), is required to sign the statement below.

I consent that:

- this claim for the Essential Medical Equipment Payment be made by the person indicated at question 12.

I declare that:

- the information given, about me, on this form is complete and correct.

I understand that:

- I am no longer eligible to receive a payment this financial year, if a payment is made for the same residence and essential medical equipment, or medically required heating/cooling, specified in this form.
- I can withdraw my consent at any time and to do so would cancel the eligibility of the person indicated at question 12 for this payment.
- giving false or misleading information is a serious offence.

Signature of this person who uses the essential medical equipment



Date (DD MM YYYY)

--	--	--

47 Are you claiming for another person who uses essential medical equipment, or medically required heating/cooling?

No **Go to 48 on page 14**

Yes **Go to next question**

Person 3

31 Does this person with medical needs have a Centrelink Reference Number?

No **Go to next question**

Yes This person's Centrelink Reference Number (if known)

--	--	--	--

32 Name of this person using the essential medical equipment, or medically required heating/cooling

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

You may need to provide identity documents for this person. For a list of acceptable documents, refer to 'Confirming your identity' in the **Notes**.
If this person is a dependent child, **only** confirmation of birth is required.

33 Has this person been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No **Go to next question**

Yes **Give details below**

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, maiden name)

If you need more space, provide a separate sheet with details.

34 This person's gender

Male

Female

Non-binary

35 This person's date of birth (DD MM YYYY)

--	--	--	--

36 Is this person a dependent child?

No If this person with the medical needs not a dependent child, they **must sign at question 46**.
Go to next question

Yes **Go to next question**

37 This person's current home address (if different to yours)

Postcode

38 Is this the residence where the essential medical equipment or medically required heating/cooling is used?

No **Go to next question**

Yes **Go to 41**

39 What is the address of the residence where the essential medical equipment or medically required heating/cooling is used?

Postcode

40 What type of residence is this?

Tick one only

Term (schooling)

Temporary residence

Indicate the date this person is expected to leave this residence

--	--	--	--

(DD MM YYYY)

41 Read this before answering the following question.


To be eligible for payment for medically required heating/cooling, the person with medical needs must have 1 of the qualifying medical conditions which result in the inability to regulate body temperature.

Does this person have one of the 8 medical conditions listed below that results in the inability to regulate body temperature?

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20% of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

No Go to next question

Yes

 You will need to provide certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form). Evidence of qualification for assistance from a state or territory government scheme will **not** be accepted.


42 What essential medical equipment does this person use?

To be eligible for the Essential Medical Equipment Payment, you must provide relevant evidence certifying that this person with medical needs requires the use of 1 or more pieces of the essential medical equipment.

Do not record any equipment that is shared in your current residence where the Essential Medical Equipment Payment has been claimed and paid to another person.

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a Medical Practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

 You will need to provide either:
 certification from a medical practitioner (a **Medical confirmation** form is available as part of this claim form)
 evidence of qualification for assistance from a state or territory government scheme
 evidence that the equipment was supplied by the Department of Veterans' Affairs through the Rehabilitation Appliances Program.

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

Tick one only

- the holder of the energy account
- the partner of the holder of the energy account
- able to demonstrate that you, or this person with medical needs you care for contribute towards payment of the energy account

You are **not** required to provide evidence with this claim, **however**, such evidence **must** be provided if later requested by us as part of a post-claim review.
 Failure to respond to the review or satisfy this requirement would cancel your eligibility for this payment.

44 At your current residence what type of energy is used to run the specified essential medical equipment, or medically required heating/cooling?

Tick one only that applies to your energy account

- | | |
|---|--------------------------------------|
| Electricity <input type="checkbox"/> | Heating oil <input type="checkbox"/> |
| Natural Gas <input type="checkbox"/> | Petrol <input type="checkbox"/> |
| Liquid Petroleum Gas <input type="checkbox"/> | Kerosene <input type="checkbox"/> |
| Diesel <input type="checkbox"/> | |

45 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

46 Read this before answering the following question.

Where a person making a claim for an Essential Medical Equipment Payment is **not** the person with medical needs and who is not a dependent child, the claim **must** be signed by the person with medical needs.

The person with medical needs named at question 32 (if **not** an dependant child), is required to sign the statement below.

I consent that:

- this claim for the Essential Medical Equipment Payment be made by the person indicated at question 12.

I declare that:

- the information given, about me, on this form is complete and correct.

I understand that:

- I am no longer eligible to receive a payment this financial year, if a payment is made for the same residence and essential medical equipment, or medically required heating/cooling, specified in this form.
- I can withdraw my consent at any time and to do so would cancel the eligibility of the person indicated at question 12 for this payment.
- giving false or misleading information is a serious offence.

Signature of this person who uses the essential medical equipment




Date (DD MM YYYY)

--	--	--

47 Are you claiming for another person who uses essential medical equipment, or medically required heating/cooling?

No Go to next question

Yes  Provide details of the additional person.
Go to next question

48 Where do you want your payment made?

The account must be in your name. A joint account is acceptable.
 Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be your card number)

Account held in the name(s) of

49 Which of the following forms and/or documents are you providing with this claim form for you and the person(s) with medical needs that you provide care for?

Where you are asked to supply documents, provide original documents.

If you are not sure, check the question to see if you should provide the documents.

Where eligibility for an Essential Medical Equipment Payment has been established for a person with medical needs in respect of a given piece of essential medical equipment or medically required heating/cooling, evidence provided to us is not required at this time. If we need you to provide **medical confirmation** to support this claim, we will contact you.

This includes claims made by a different carer of the same person with medical needs.

You

Identity documents for yourself (refer to the list of acceptable documents in the **Notes**, as required at **question 12**)

Authorising a person or organisation to enquire or act on your behalf (SS313) form (if you answered Yes at **question 22**)

Medical confirmation (SA449) form (if you answered Yes at **question 36**)

Medical confirmation (SA449) form, or copy of relevant evidence showing current assistance from a state or territory government scheme or the Department of Veterans' Affairs Rehabilitation Appliances Program (if required at **question 37**)

Continued

49 *Continued*

Person(s) 1 to 3 **1** **2** **3**

Identity documents for the person(s) you are claiming for (refer to the list of acceptable documents in the **Notes**, as required at **question 32**)

Medical confirmation (SA449) form (if you answered Yes at **question 36**)

Medical confirmation (SA449) form, or copy of relevant evidence showing current assistance from a state or territory government scheme or the Department of Veterans' Affairs Rehabilitation Appliances Program (if required at **question 42**)

50 You need to read this

Privacy and your personal information
 The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

51 Declaration

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 medically required heating/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 Services Australia within 14 days of any changes to this information and I understand that notification can be by a third person, telephone, electronic device, in person or in writing.

I understand that:

- I may need to provide further information if requested.
- Services Australia can act on the basis of information in its possession and can make any enquiries necessary to make sure that I receive the correct entitlements.
- giving false or misleading information is a serious offence.

Your signature

Date (DD MM YYYY)

Notes for medical practitioners

Essential Medical Equipment Payment

medical confirmation (SA449)

When to use this form

This medical confirmation form is not a claim for Essential Medical Equipment Payment. Use this form **as part of the medical assessment** for Essential Medical Equipment Payment.

How will a person qualify for an Essential Medical Equipment Payment

To qualify under the essential medical equipment criteria, to cover the additional costs of running essential medical equipment, the person must meet the following:

- the piece of equipment is essential to manage the person's condition, and
- the person has been advised by the medical practitioner to use the equipment at home.

For a list of specified medical equipment, see question 5.

To qualify under the medically required heating or cooling criteria, the medical practitioner must confirm the person with medical needs meets all of the following:

- has a specified medical condition
- is unable to regulate their body temperature because of that medical condition
- medically requires heating or cooling in their home, and
- without medically required heating or cooling, the person risks serious harm to their health.

Note to medical practitioners: Consider whether the person would risk serious harm to their health without medically required heating or cooling if they are unable to regulate their body temperature.

For the list of specified medical conditions, see question 4.

This payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

How will medical practitioners provide the relevant certification

Medical practitioners will be required to complete and sign the medical confirmation.

The form requests the medical practitioner to:

- confirm the information provided is true and correct
- agree to speak with Services Australia about the claim, if required.

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Important information

This medical confirmation form (SA449) **is not a claim for** Essential Medical Equipment Payment. You will need to **submit a claim** either online by going to our website servicessaustralia.gov.au/emep or completing a paper claim form.

Returning this form

Return this form with or after you claim:

- **online** using your Centrelink online account. For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Essential Medical Equipment Payment
PO Box 7825
CANBERRA BC ACT 2610
- in person at one of our service centres.

1 Patient details

Centrelink Reference Number (if known)

Name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

2 Claimant's details (if different from above)

Centrelink Reference Number (if known)

Full name

Date of birth (DD MM YYYY)

The following information is to be completed by the medical practitioner.

3 Read this before answering the following questions.

The following information is about the patient who is named at question 1, and forms part of a claim for the Essential Medical Equipment Payment.

Does the patient who is named at question 1 have a specified medical condition that results in the inability to regulate their body temperature and medically require heating or cooling in their home because of this condition?

No **Go to 5**

Yes **Go to next question**

4 What condition does this patient have that causes the inability to regulate their body temperature?

Tick all that apply

Spinal cord injury at or above the T7 level

Stroke

Brain injury

A neurodegenerative disorder

The muscular dystrophies

Full thickness burns covering more than 20% of the body surface area

Rare disorders of sweating including congenital absence or mal-development of sweat glands

Chronic erythrodermas

5 What essential medical equipment does this patient use?

Tick all that apply

Home Dialysis Machine

Nebuliser – used daily

Home Ventilator

Positive Airways

Home Respirator

Pressure Device

Home Parenteral or Enteral Feeding Device

Phototherapy Equipment

Oxygen Concentrator

Airbed Vibrator

Heart Pump

Electric Wheelchair

Suction Pump

Insulin Pump

Infant Apnoea Monitor – Prescribed by a medical practitioner following apnoeic episodes

6 What condition does this patient have that causes them to use essential medical equipment?

7 Medical practitioner

Make sure you have read the **Privacy and your personal information** on page 1.

Medical practitioner's family name

Medical practitioner's given name(s)

Provider number

Contact number (including area code)

Stamp

I certify that:

- the patient needs medically required heating/cooling and/or the use of the essential medical equipment as indicated at question 4 and/or 5.

Signature of medical practitioner

Date (DD MM YYYY)



CLK0SA449 2309

Notes for medical practitioners

Essential Medical Equipment Payment

medical confirmation (SA449)

When to use this form

This medical confirmation form is not a claim for Essential Medical Equipment Payment. Use this form **as part of the medical assessment** for Essential Medical Equipment Payment.

How will a person qualify for an Essential Medical Equipment Payment

To qualify under the essential medical equipment criteria, to cover the additional costs of running essential medical equipment, the person must meet the following:

- the piece of equipment is essential to manage the person's condition, and
- the person has been advised by the medical practitioner to use the equipment at home.

For a list of specified medical equipment, see question 5.

To qualify under the medically required heating or cooling criteria, the medical practitioner must confirm the person with medical needs meets all of the following:

- has a specified medical condition
- is unable to regulate their body temperature because of that medical condition
- medically requires heating or cooling in their home, and
- without medically required heating or cooling, the person risks serious harm to their health.

Note to medical practitioners: Consider whether the person would risk serious harm to their health without medically required heating or cooling if they are unable to regulate their body temperature.

For the list of specified medical conditions, see question 4.

This payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

How will medical practitioners provide the relevant certification

Medical practitioners will be required to complete and sign the medical confirmation.

The form requests the medical practitioner to:

- confirm the information provided is true and correct
- agree to speak with Services Australia about the claim, if required.

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Important information

This medical confirmation form (SA449) **is not a claim for** Essential Medical Equipment Payment. You will need to **submit a claim** either online by going to our website servicessaustralia.gov.au/emep or completing a paper claim form.

Returning this form

Return this form with or after you claim:

- **online** using your Centrelink online account. For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Essential Medical Equipment Payment
PO Box 7825
CANBERRA BC ACT 2610
- in person at one of our service centres.

1 Patient details

Centrelink Reference Number (if known)

Name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

2 Claimant's details (if different from above)

Centrelink Reference Number (if known)

Full name

Date of birth (DD MM YYYY)

The following information is to be completed by the medical practitioner.

3 Read this before answering the following questions.

The following information is about the patient who is named at question 1, and forms part of a claim for the Essential Medical Equipment Payment.

Does the patient who is named at question 1 have a specified medical condition that results in the inability to regulate their body temperature and medically require heating or cooling in their home because of this condition?

- No **Go to 5**
- Yes **Go to next question**

4 What condition does this patient have that causes the inability to regulate their body temperature?

Tick all that apply

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20% of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

5 What essential medical equipment does this patient use?

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a medical practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

6 What condition does this patient have that causes them to use essential medical equipment?

7 Medical practitioner

Make sure you have read the **Privacy and your personal information** on page 1.

Medical practitioner's family name

Medical practitioner's given name(s)

Provider number

Contact number (including area code)

Stamp

I certify that:

- the patient needs medically required heating/cooling and/or the use of the essential medical equipment as indicated at question 4 and/or 5.

Signature of medical practitioner

Date (DD MM YYYY)



CLK0SA449 2309

Notes for medical practitioners

Essential Medical Equipment Payment

medical confirmation (SA449)

When to use this form

This medical confirmation form is not a claim for Essential Medical Equipment Payment. Use this form **as part of the medical assessment** for Essential Medical Equipment Payment.

How will a person qualify for an Essential Medical Equipment Payment

To qualify under the essential medical equipment criteria, to cover the additional costs of running essential medical equipment, the person must meet the following:

- the piece of equipment is essential to manage the person's condition, and
- the person has been advised by the medical practitioner to use the equipment at home.

For a list of specified medical equipment, see question 5.

To qualify under the medically required heating or cooling criteria, the medical practitioner must confirm the person with medical needs meets all of the following:

- has a specified medical condition
- is unable to regulate their body temperature because of that medical condition
- medically requires heating or cooling in their home, and
- without medically required heating or cooling, the person risks serious harm to their health.

Note to medical practitioners: Consider whether the person would risk serious harm to their health without medically required heating or cooling if they are unable to regulate their body temperature.

For the list of specified medical conditions, see question 4.

This payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

How will medical practitioners provide the relevant certification

Medical practitioners will be required to complete and sign the medical confirmation.

The form requests the medical practitioner to:

- confirm the information provided is true and correct
- agree to speak with Services Australia about the claim, if required.

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Important information

This medical confirmation form (SA449) **is not a claim for** Essential Medical Equipment Payment. You will need to **submit a claim** either online by going to our website servicessaustralia.gov.au/emep or completing a paper claim form.

Returning this form

Return this form with or after you claim:

- **online** using your Centrelink online account. For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Essential Medical Equipment Payment
PO Box 7825
CANBERRA BC ACT 2610
- in person at one of our service centres.

1 Patient details

Centrelink Reference Number (if known)

Name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

2 Claimant's details (if different from above)

Centrelink Reference Number (if known)

Full name

Date of birth (DD MM YYYY)

The following information is to be completed by the medical practitioner.

3 Read this before answering the following questions.

The following information is about the patient who is named at question 1, and forms part of a claim for the Essential Medical Equipment Payment.

Does the patient who is named at question 1 have a specified medical condition that results in the inability to regulate their body temperature and medically require heating or cooling in their home because of this condition?

No **Go to 5**

Yes **Go to next question**

4 What condition does this patient have that causes the inability to regulate their body temperature?

Tick all that apply

Spinal cord injury at or above the T7 level

Stroke

Brain injury

A neurodegenerative disorder

The muscular dystrophies

Full thickness burns covering more than 20% of the body surface area

Rare disorders of sweating including congenital absence or mal-development of sweat glands

Chronic erythrodermas

5 What essential medical equipment does this patient use?

Tick all that apply

Home Dialysis Machine

Nebuliser – used daily

Home Ventilator

Positive Airways

Home Respirator

Pressure Device

Home Parenteral or Enteral Feeding Device

Phototherapy Equipment

Oxygen Concentrator

Airbed Vibrator

Heart Pump

Electric Wheelchair

Suction Pump

Insulin Pump

Infant Apnoea Monitor – Prescribed by a medical practitioner following apnoeic episodes

6 What condition does this patient have that causes them to use essential medical equipment?

7 Medical practitioner

Make sure you have read the **Privacy and your personal information** on page 1.

Medical practitioner's family name

Medical practitioner's given name(s)

Provider number

Contact number (including area code)

Stamp

I certify that:

- the patient needs medically required heating/cooling and/or the use of the essential medical equipment as indicated at question 4 and/or 5.

Signature of medical practitioner

Date (DD MM YYYY)



CLK0SA449 2309

Notes for medical practitioners

Essential Medical Equipment Payment

medical confirmation (SA449)

When to use this form

This medical confirmation form is not a claim for Essential Medical Equipment Payment. Use this form **as part of the medical assessment** for Essential Medical Equipment Payment.

How will a person qualify for an Essential Medical Equipment Payment

To qualify under the essential medical equipment criteria, to cover the additional costs of running essential medical equipment, the person must meet the following:

- the piece of equipment is essential to manage the person's condition, and
- the person has been advised by the medical practitioner to use the equipment at home.

For a list of specified medical equipment, see question 5.

To qualify under the medically required heating or cooling criteria, the medical practitioner must confirm the person with medical needs meets all of the following:

- has a specified medical condition
- is unable to regulate their body temperature because of that medical condition
- medically requires heating or cooling in their home, and
- without medically required heating or cooling, the person risks serious harm to their health.

Note to medical practitioners: Consider whether the person would risk serious harm to their health without medically required heating or cooling if they are unable to regulate their body temperature.

For the list of specified medical conditions, see question 4.

This payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

How will medical practitioners provide the relevant certification

Medical practitioners will be required to complete and sign the medical confirmation.

The form requests the medical practitioner to:

- confirm the information provided is true and correct
- agree to speak with Services Australia about the claim, if required.

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Important information

This medical confirmation form (SA449) **is not a claim for** Essential Medical Equipment Payment. You will need to **submit a claim** either online by going to our website servicessaustralia.gov.au/emep or completing a paper claim form.

Returning this form

Return this form with or after you claim:

- **online** using your Centrelink online account. For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Essential Medical Equipment Payment
PO Box 7825
CANBERRA BC ACT 2610
- in person at one of our service centres.

1 Patient details

Centrelink Reference Number (if known)

Name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

2 Claimant's details (if different from above)

Centrelink Reference Number (if known)

Full name

Date of birth (DD MM YYYY)

The following information is to be completed by the medical practitioner.

3 Read this before answering the following questions.

The following information is about the patient who is named at question 1, and forms part of a claim for the Essential Medical Equipment Payment.

Does the patient who is named at question 1 have a specified medical condition that results in the inability to regulate their body temperature and medically require heating or cooling in their home because of this condition?

- No **Go to 5**
- Yes **Go to next question**

4 What condition does this patient have that causes the inability to regulate their body temperature?

Tick all that apply

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20% of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

5 What essential medical equipment does this patient use?

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a medical practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

6 What condition does this patient have that causes them to use essential medical equipment?

7 Medical practitioner

Make sure you have read the **Privacy and your personal information** on page 1.

Medical practitioner's family name

Medical practitioner's given name(s)

Provider number

Contact number (including area code)

Stamp

I certify that:

- the patient needs medically required heating/cooling and/or the use of the essential medical equipment as indicated at question 4 and/or 5.

Signature of medical practitioner

Date (DD MM YYYY)



CLK0SA449 2309