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| **Special Consideration Requested (please tick only one)** |
| [ ]  Financial Hardship: I earn equal to or less than the full Centrelink Disability Support or Aged Pension |
| [ ]  Assistance for High Cost Items: I am required to contribute more than $2 000 for my item/s |
| **Applicant Details**  | **Client ID:**  |  |
| **Given Names:**  |  | **Surname:**  |  |
| **Date of Birth:**  |  | **Phone:**  |  |
| **Address:**  |  |
| **Carer/Guardian Details** |
| **Given Names:**  |  | **Surname:**  |  |
| **Relationship to Applicant:**  |  | **Phone:**  |  |
| **Address:**  |  |
| **Justification**  |
| **Please describe your living situation and any information to support your application for special consideration (carer/family support, formal services, own home, rental property):** |
|  |
| TEP Financial Hardship Process: If a client in receipt of a level 1 or 2 Home Care Package requires a high cost item TEP may assist with items costing over $2000. In principal, TEP will accept requests for items over $2000 and will require financial information in regard to the client’s budget and contingency funding available for approval purposes. If approved TEP will procure the item and transfer ownership and all ongoing equipment repair and maintenance costs to the client.  |
| **Income Details (Financial Hardship Only)** |
| **Applicant** | **Partner (if applicable)** |
| **[ ]  Employed** | **[ ]  Employed** |
| **[ ]  Unemployed** | **[ ]  Unemployed** |
| **[ ]  Self Funded Retiree** | **[ ]  Self Funded Retiree** |
| **[ ]  Other *Please specify:*** | **[ ]  Other *Please specify:*** |
| **Please list any other agencies or services that you are eligible for or receive assistance through (as per Part B (6) TEP Application Form):** |
| **Agency Name:** | **Card/Claim Number:** |
| **Contribution Details** |
| **Cost of the required item/s (if known)** |
|  | **Amount: $** |
|  | **Amount: $** |
|  | **Amount: $** |
|  | **Amount: $** |
| **Applicant Declaration** |
| I acknowledge that if I am deemed eligible for TEP based on Special Consideration of Financial Hardship, I will be required to re-submit proof of income if my financial status changes or for new prescriptions if more than 12 months has passed. I certify to the best of my knowledge the information in this application is true and correct.  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Applicant Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Witness Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date** |

**Additional Application Requirements**

Is supporting documentation to confirm income attached for both the applicant and partner (if applicable)?

Evidence must consist of at least one of the following: payslips (last two), group certificate (last financial year), statement of earnings from a superannuation fund (last financial year) or bank statement/s (at least one month). Other documentation that confirms income will be considered on a case by case basis where all of the above are unavailable.

If this Application for Special Consideration is based on financial hardship for a person on a Level 1 or 2 Home Care Package a copy of their budget and contingency funding available must be provided.

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| **TEP Office Use Only** |
| **Outcome:** | **Eligible / Not Eligible** | **Date:** |  |
| **Comments:** |  |
| **Name and Title:** |  |
| **Signature:** |  |

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| **PGC/SharePoint ID:** HEALTHINTRA-1880-8855 | **PGC/Content Manager ID:** EDOC2018/43337 |
| **Version Number:** | Version: 11.0 | **DO NOT EDIT THIS FIELD** | **Approved Date:** 17/02/2021 | **Review Date:** 01/02/2024 |