**EXISTING CLIENTS**

(with no change to client situation)

TEP Prescription Form/Trial Request and supporting evidence required

Is the applicant a permanent resident of the Northern Territory?

Does the applicant have a functional impairment? Refer to Policy: definition, supporting evidence to determine impairment if required

Is the applicant’s functional impairment of permanent or long term duration (more than 12 months)? Refer to TEP Policy

Is the applicant residing or returning to live in the community? Refer to TEP Policy

Is the applicant eligible to receive equipment from an alternative source? (MACA, Aged Care HCP, NDIS, DVA)

Is the applicant in receipt of a full Centrelink Disability Support Pension of Full Centrelink Aged Pension?

If No, is the applicant an existing client prior to 8 April 2013?

**ELIGIBLE**

SEAT/TEP Leader or Manager to confirm Intake Recommendation

CCIS Referral Outcome Approved

Yes

No

Yes

Yes

Yes

No

Yes

No

No

No

No

If No, is the applicant applying for Special Consideration?

Yes

No

Forward to Cost Centre Manager for consideration

Approved

Not Approved

Yes

**NEW CLIENTS**

(and **existing** **clients** with change in situation)

TEP Application Form, prescription/Trial Request and supporting evidence required

**Requests for TEP assistance are received through Top End or Central Australian Intake**

**NOT ELIGIBLE**

**Forward all documentation to Clinical Approver. Refer to FC-1**