**Electronic Communication Devices Scheme**

**Equipment Application Form**

**For access to subsidy funding provided by the Victorian Aids and Equipment Program (VA&EP)**

*Office use only*:

Client / participant ID: Application #:  Date of Report: **Enter a date.**

|  |  |
| --- | --- |
| Client Details Title Choose an item. First name(s) Click here to enter first name. Surname Click here to enter surname.  Is the client an existing ECDS client? Yes  No  Don’t know  **DOB** **Click here to enter a date.**  **Diagnosis** **Choose an item. Diagnosis Detail** (if ‘other’ selected):  Address Suburb Postcode  Phone Mobile Email  **Gender**  Male  Female  Not Binary  Other  Details Prefer not to say  **Indigenous Status**  Non Indigenous  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Status Not Known  Details  Interpreter required? Yes  No  If ‘yes’ which language: | |
| Next of kin / key support person (e.g. parent, spouse)  Name  Relationship  Phone  Email | Speech Pathologist  Name  Organisation  Campus  Phone  Mobile  Email  Postal Address |
| Occupational Therapist  Name  Organisation  Campus  Email  Postal Address |

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|  |  |  |
| --- | --- | --- |
|  | Device  Asset Number  Serial Number | Issued  Returned  Reason |
|  | Device  Asset Number  Serial Number | Issued  Returned  Reason |
|  | Device  Asset Number  Serial Number | Issued  Returned  Reason |

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# Current Condition

Is the person’s condition changing rapidly? Yes  No

If ‘yes’, please provide details:

|  |
| --- |
| Click here to enter text. |

# Current Communication

Briefly outline how the client/participant currently communicates. What communication strategies are used? Include informal and/or symbolic strategies, speech generating devices etc.

Safety

* Medical complications leading to illness
* OH&S Risk
* Risk of Falls
* Skin breakdown

|  |
| --- |
| Click here to enter text. |

# Communication Goals

List the client’s / participant’s communication goals relevant to this application.

Safety

* Medical complications leading to illness
* OH&S Risk
* Risk of Falls
* Skin breakdown

What will this equipment or software enable the person to do?

|  |
| --- |
| Click here to enter text. |

# Access and Positioning

(Skip this section if not relevant e.g. voice amplifier applications)

How will the person operate or access the device? Direct Touch  Other  Click here to enter text.

Where and how will the device be positioned for functional use?

|  |
| --- |
| Click here to enter text. |

# Requirements of the mounting system or access method:

Please provide details of the requirements of the mounting system or access method.

Safety

* Medical complications leading to illness
* OH&S Risk
* Risk of Falls
* Skin breakdown

For example:

* What is the optimal device position
* Details of equipment that mount will attach to (i.e. make/model of wheelchair, need for mount to be removable or swingaway, side that mount will attach to)

|  |
| --- |
| Click here to enter text. |

# ComTEC Consultation

Would you like a [ComTEC consultation session to explore assistive technology options](https://comtec.services/)\*? Yes  No

Would you like to trial the device with your client? Yes  No

Would you like a ComTEC support package\* to be included with the device? Yes  No

*\*ComTEC support package involves support to the prescribing therapist regarding setup, troubleshooting and implementation support for the device.*

# Equipment Requested

1. Please list all the items required and provide all the information we need for ordering:

(e.g. for an iPad, also list apps requested)

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Code** | **Item Description** | **Supplier** | **Cost** |
| Product Code | Click here to enter item description. | Supplier | Cost |
| Product Code | Click here to enter item description. | Supplier | Cost |
| Product Code | Click here to enter item description. | Supplier | Cost |

# Eligibility Criteria to Access Subsidy Funding from the Victorian Aids and Equipment Program (please note all questions must be answered to determine your eligibility)

Are you a Participant of the National Disability Insurance Scheme? Yes  No

Are you in receipt of a Commonwealth Aged Care Home Support Package? Yes  No

If ‘Yes’ please detail:

Type: Click here to enter text. Level: Click here to enter text.

Are you a Department of Veterans’ Affairs Gold Card Holder? Yes  No

DVA Card Colour: Click here to enter text.

Are you a permanent resident of Victoria? Yes  No

Are you on an Australian Government Visa? Yes  No

If yes, what type? Click here to enter text.

Are you an Asylum Seeker? Yes  No

Are you on a Temporary Protection Visa? Yes  No

Are you in receipt of a pension, allowance or Health Care Card? Yes  No

Type: Click here to enter text. Number: Click here to enter text.

Is the client able to claim financial assistance for this item through their private health insurance?

Yes  No

# Privacy Policy

The Electronic Communication Devices Scheme (ECDS) is a service of Yooralla. Yooralla has a [Privacy Policy](https://www.yooralla.com.au/other-pages/privacy)

If you would like to know more about Yooralla’s privacy policy please visit our [website](https://www.yooralla.com.au/other-pages/privacy).

# Applicant Declaration (client or authorised delegate)

I or my authorised delegate1 confirm that the signature below represents:

* My agreement to enquiries being made by the Department of Health or its agent, to other individuals and organisations, for the purpose of obtaining information about my eligibility, the assessment and supply of the requested Assistive Technology (AT) item/s
* My understanding that:
  + I am not eligible to access support from the VA&EP if I am eligible to receive aids and equipment through other government funded programs such as the National Disability Insurance Scheme, Workcover, Transport Accident Commission or the Department of Veteran Affairs
  + The VA&EP is not available to people who have received compensation or damages that can be used to purchase AT
  + If I make, or intend to make a claim for compensation or damages, my VA&EP service provider will seek reimbursement of the Victorian Government funds that were used to purchase my AT
  + The VA&EP will not reimburse or fund any costs associated with the self-purchase of any AT
  + I am responsible for notifying ECDS of any changes to my circumstances that may change my eligibility for the VA&EP including:
    - becoming an NDIS participant or recipient of other Government funded schemes
    - becoming a recipient of a Commonwealth Government Home Care Package or entering residential aged care
    - receiving compensation for AT from any other source
    - moving interstate or overseas
* I accept the terms and conditions relating to the supply of the recommended AT item. This includes (where applicable):
  + accepting a re-issue item that meets my assessed needs
  + funding the difference between the cost of the item and the VA&EP maximum subsidy for that item (gap funding)
  + acknowledging that the item is on long term loan from ECDS and can be returned to ECDS to reissue to other clients when the item is no longer required, or an alternative item is requested
  + considering taking out insurance for the item – for example, insurance for third-party damage, fire and theft for the item/s
* My understanding that to the best of my knowledge, all the information I have supplied on this application is true and correct

**Signature of client or authorised delegate1:**

Name (please print)

Relationship to client

Signature: Shape

Description automatically generated with low confidence Date: Click here to enter a date.

# Additional Consent

In order to improve the services we deliver, we may need to use information provided about you. I consent to information about me possibly being used for service monitoring, evaluation, planning and to improve the quality of services provided to me.

**Signature of client or authorised delegate1:**

Name (please print)

Relationship to client

Signature: Shape

Description automatically generated with low confidence Date: Click here to enter a date.

*1 legal guardian or power of attorney*

# Practitioner Confirmation and Acknowledgement: Please read and sign

I, the undersigned, confirm that:

1. The applicant meets the eligibility requirements as outlined below according to the [Department of Health Aids and Equipment Program eligibility criteria](https://www.health.vic.gov.au/supporting-independent-living/victorian-aids-and-equipment-program):

The applicant is:

* is a permanent resident of Victoria **or**
* holds a Permanent Protection Visa or Humanitarian Visa or be an asylum seeker **and**
* requires assistive technology on a permanent or long-term basis for a health or ageing-related need.

**People with a disability who do not meet National Disability Insurance Scheme (NDIS) eligibility due to age, residency status or functional impairment level can also apply to the VA&EP.**

1. The applicant either:

Has a diagnosis of: Click here to enter text.which is long term or permanent in nature,

or is:

Frail Aged

I acknowledge and accept that equipment provided by the Electronic Communication Devices Scheme is provided under the following conditions:

1. The proper use and care of the equipment is the responsibility of the person to whom the item is provided. For repairs, please contact the Scheme on 9633 6946. Do not send equipment to suppliers without prior authorisation.
2. The Scheme is only able to provide support with simple troubleshooting in relation to the provided equipment or software.
3. The Scheme is not responsible for: software installation or upgrades, hardware incompatibility, technical support, maintenance, licensing, or any additional software such as antivirus or word processing. The Scheme is also not responsible for mobile phone or internet fees.

Signature of prescribing Speech Pathologist and / or Occupational Therapist:

Name (please print)

Signature: Shape

Description automatically generated with low confidence Date: Click here to enter a date.

………………………………………………………………… …………………………………

# Application Checklist

All relevant fields on this form completed

Applicant Declaration signed

Practitioner Confirmation and Acknowledgement signed

# Ready to Submit?

Email: [ecds@yooralla.com.au](mailto:ecds@yooralla.com.au);

Post: PO Box 1235 ROBINSON 3019