

EQUIPMENT for LIVING GRANT – APPLICATION AND INFORMATION PACK

Grants Application Information Pack

This package provides information to help you or your sponsoring organisation apply for an Equipment for Living Grant. It includes information:

- About Equipment for Living Grants
- What Equipment is funded?
- Who is Eligible?
- How to Apply
- Who to Contact?
- The Application Form
- The Grant Agreement (*for Not for Profit organisations only*)

Note: Participants in the National Disability Insurance Scheme (NDIS) are not eligible for Equipment for Living Grants.

Please visit our website at www.ilaustralia.org.au for grant information or contact the Independent Living Assessment, Grants Team on (08) 6202 4700 to discuss your proposal.

The Application Form, Grant Agreement and attachments can be mailed, emailed (with scanned attachments) or delivered to:

Equipment for Living Grant
Independent Living Assessment – Grants Team
1B / 76 Hasler Road
OSBORNE PARK WA 6017

Email: eflgrants@ilaustralia.org.au

About Equipment for Living Grants

The Western Australian State Government, through the Department of Communities, has provided Independent Living Assessment (ILA) with funding to continue the Equipment for Living (EFL) Grant Program.

EFL will fund essential assistive technology that allows individuals to participate more independently in their homes and communities. Grants are available to the value of \$6000.

Individuals need to be eligible for the Community Aids and Equipment Program (CAEP) and the equipment being requested must not be available through CAEP.

Individuals or Sponsor Organisations (not for profit) on behalf of individuals, may apply for an EFL grant.

Who is Eligible?

To be eligible the individual must meet all the following criteria:

- The applicant must be eligible for assistive technology funding through the Community Aids and Equipment Program (CAEP). More information can be found on the Department of Communities website. Follow this link <http://www.disability.wa.gov.au/services-support-and-eligibility/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep/> or contact your CAEP provider.
- has a disability which is permanent or likely to be permanent.
- is not currently a hospital in-patient, out-patient or day patient and has not been within the last 3 months (AT needed for safe hospital discharge is not eligible).
- is a holder of **one** of the following:
 - Pensioner Concession Card, or
 - Health Care Card, or
 - Can demonstrate financial hardship.
- is in a residential situation that is structured to encourage independent living and lives in the community for the majority of the time (not Commonwealth funded aged care facility).
- has not received a compensation settlement. (Note: If a settlement is subsequently made an individual will be expected to reimburse the grant program).
- Applications from individuals who are unable to access NDIS or Commonwealth funding support (e.g.; are on extended Home Care Package wait lists) will be reviewed on an individual basis.

What Assistive Technology is funded for Individual Grants?

The following examples of Assistive Technology (AT) may be considered:

- a) Wheelchairs, scooters or mobility aids for community access or as an alternative to the primary mobility device;
- b) Specialised car seats and occupant restraints (NOT vehicle wheelchair restraints);
- c) Electrically adjustable beds or specialised beds (e.g. reinforced bariatric bed) to enhance the individual's independence and/or make caring easier for families and unpaid carers;
- d) Alternative seating;
- e) Standing frames where CAEP funding is not available;
- f) Emerging technologies not available through CAEP;
- g) Assistive communication technology (e.g. personal alarms, telephone adaptations) or mainstream technology with inbuilt accessibility features;
- h) AT for alternative living arrangements. e.g. shared custody;
- i) Devices to support an individual's safety. e.g. GPS tracking devices for outside the home;
- j) Minor home modifications where CAEP funding is unavailable;
- k) Specialised AT to facilitate participation in recreation and leisure options;

Enquiries regarding other AT can be directed to the ILA Grants Team.

Please note:

- The grant will fund items that an individual needs, that are reasonable, basic and essential to support their identified goals and are not available through CAEP or other funding.
- The item must be needed for regular use and not be required exclusively for educational or employment purposes.
- The AT must be specified and supported by an Allied Health Professional who is able to assess and prescribe the specific item. The health professional must ensure that the AT requested meets the essential needs of the user and that costs are not inflated by non-essential features. The clinician must also check that the item cannot be funded through CAEP.
- In exceptional circumstances the grant may fund reasonable costs associated with accessing an appropriate health professional for the purpose of assessment and equipment prescription.
- If required, the cost of trialling AT may be funded by EFL to determine suitability of equipment.
- AT required for safe hospital discharge is not eligible for the grant.
- The grant will fund an item or package of related items per person, to the value of \$6,000 per year. Additional funds may be allocated in exceptional circumstances at the discretion of the Independent Living Assessment Grants Team. This may require liaison with the relevant health service and / or CAEP provider.
- Items (single or accumulative) less than \$250 will not be considered.
- A financial contribution may be required.

- In most circumstances retrospective grants for AT already purchased will not be considered. Any expenditure must occur after grant approval.
- Granted AT will be the personal property of the individual and future repairs and/or maintenance will be their responsibility.
- People are encouraged to return the AT to the sponsor organisation or ILA Grants Team if they no longer need it.

How to Apply for an Equipment for Living (EFL) Grant

Individual Applicants: If you are applying for the assistive technology as or on behalf of an individual, complete parts 1-7.

Sponsor Organisations: If the applicant is a member of, or receives services from a Not-For-Profit organisation, applications need to be submitted through that organisation. Please complete and sign ALL sections of the Application Form and the Grant Agreement.

Before sending applications to Independent Living Assessment, please ensure:

- An appropriate Allied Health Professional report is included
- The application includes written quotes for the AT requested
- ALL relevant parts of the application form are completed in full
- Any additional funds required for the item requested are available
- The application is legible and has been signed as required

How the Grant is Assessed

Applications are processed in the order in which they are received. Assessment normally takes **four to six weeks** providing all the necessary information is included at the time of application. More time may be required if further assessment, additional information and/or engagement with relevant health service providers is required.

Urgent application assessment may be considered in special circumstances.

Once assessed, the Sponsor Organisation and/or the individual will be advised of the outcome in writing.

Applications which are not supported by required information cannot be assessed and will be cancelled where requests for relevant information are not met within an 8 week timeframe.

Who to Contact

For further information or to discuss Equipment for Living Grant, please contact a member of our Independent Living Assessment Grants Team.

Telephone: (08) 6202 4700

Email: eflgrants@ilaustralia.org.au

Website: <https://www.ilaustralia.org.au/our-services/grants/efl>

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Application Form

Individual Applicant: If you are applying as/on behalf of an individual, complete Parts 1-7 only.

Sponsor Organisation: Not for profit organisations only. Complete ALL sections.

Sponsor Organisation: (Not for profit organisations only)

PART 1:

1.1: Contact Details Name and title of support person (alternative to client/family) to discuss this application
(e.g. Allied Health Professional, Local Care Coordinator)

Name: _____ Position Title: _____

Place of Work: _____

Phone: _____ Mobile: _____

Fax: _____ E-Mail: _____

Availability: When is the best time to contact you? _____

1.2: Beneficiary Details:

Name: _____ Age: _____

Grant amount requested: \$ _____ (minimum grant \$250)

1.3: Equipment/ Assistive Technology (AT) Requested:

Is this an urgent request? Yes No

If yes, Why? _____

The completed Application form and attachments can be mailed, emailed with scanned attachments, or delivered to:

Equipment for Living Grant
Independent Living Assessment – Grants Team
1B, 76 Hasler Rd
OSBORNE PARK WA 6017

Website: www.ilaustralia.org.au
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PART 2: Beneficiary Details - *Details of individual to benefit from the grant*

Mr. Mrs. Ms. Miss. Other _____ Male Female DOB: _____

Surname: _____ First name: _____

Address: _____ Suburb: _____

Postcode: _____ Phone: _____ Mobile: _____

Email: _____ Occupation: _____

Pensioner Yes No Centrelink PCC number: CRN _____ Expiry _____

Are you partnered Yes No

Non-English Speaking Yes No Language Spoken: _____

Aboriginal/Torres Strait Islander: Yes No

Contact Person for Correspondence about Application: As Above or detail below:

Name: _____ Relationship: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

PART 3: Eligibility of Individual

Applicants must be eligible for equipment funding through the Community Aids & Equipment Program (CAEP). Please refer to CAEP manual or contact a CAEP service provider for eligibility information.

Does the applicant:

• have a disability of a permanent or indefinite nature? Yes No

• currently or has been a hospital inpatient, outpatient
or day patient in the last 3 months? Yes No

• Reason for admission

• reside in the community in a situation which encourages
independent living? Yes No

• received a compensation settlement? Yes No

• receives Commonwealth funding via Home Care Package Yes No

• Is the individual a participant of the NDIS? Yes No

Hold *ONE* of the following:

Pensioner Concession Card Yes No

Health Care Card Yes No

OR

Financial hardship (assessed CAEP eligible by Dept of Communities) Yes No

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PART 4: Supporting Health Professional Details

To be completed by an Allied Health Professional who is recognised by CAEP for prescription of the specific item (i.e. occupational therapist, physiotherapist, speech pathologist), who is able to confirm the person's functional disability, need and suitability of the item requested.

Name: _____ Position: _____

Qualifications: _____

Place of Work: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____

Availability – When is the best time to contact you? _____

4.1: Supporting Information - Please provide information regarding the applicant

What equipment / AT is requested _____

Is the client CAEP eligible? Yes No

Does the client have any equipment funded through CAEP? Yes No

Have you applied to the CAEP clinical subcommittee for this item? Yes No

If yes, what was the outcome? _____

Has the client had a previous EFL grant? Yes No

Does the client have existing CAEP funded equipment in the same category? e.g. wheeled mobility device. Yes No

If yes, what equipment? _____

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4.2 Supporting Information – Clinical Report

A clinical report **must** be provided which includes the following relevant information. Additional relevant information may be attached if more space is required.

Clinical report: Refer to Attached
Disability / diagnosis: (include date of onset)

Refer as Below

Social situation:

Mobility:

Functional difficulties related to the AT requested:

How the AT is essential to enable the individual to participate more independently in their home and/or community?

What AT options were considered, including the outcome of trials and why the preferred item is more suitable than other options considered?

The agreed follow-up plan for training in the use and fit of the AT. *(if required)*

Why you cannot get the equipment through CAEP?

Health Prof Signature: _____ **Date:** _____

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PART 5: Details of Equipment Costs

Attach copies of two (2) client-specific, itemised and written quotes. If only one quote supplied, please provide an explanation why. e.g. sole supplier. Freight /postal/shipping charges must also be itemised in the quotation if applicable.

Equipment Requested:

| Item | Supplier | Cost Ex GST | GST | Total Cost Inc GST | Quotation number |
|------|----------|-------------|-----|--------------------|------------------|
| | | | | | |
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It is expected that the preferred quote will be for the lower price unless there are particular reasons to do otherwise. Where the more expensive quote is preferred, a sound clinical rationale, pragmatic and/or ethical, must be provided to support this decision.

Recommended Supplier(s) (Please complete)

| Item | Supplier | Cost Ex GST |
|------|----------|-------------|
| | | |
| | | |
| | | |
| | | |

Reason(s) for Selection:

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PART 6: Funding Requested

Total cost of equipment: (see below) \$ _____

If registered for GST amount should not include GST

Contribution by beneficiary \$ _____

Amount from other sources (please specify)

_____ \$ _____

Total Grant amount requested: (see below) \$ _____

Funds are normally expected to be used within three (3) months of the receipt of grant, though extensions can be negotiated.

Please indicate the date that you plan to start using these funds. _____

PART 7: Beneficiary Declaration

To be signed by the beneficiary (or parent/ or official guardian)

I _____ confirm that all the information
(please print full name of person signing)

provided for this application is true and correct to the best of my knowledge.

The assistive technology (AT) being purchased is agreed to and meets my needs.

I agree that additional personal information can be sourced by and provided to the ILA Grants Team should it be required to support consideration of this application.

I understand that the grant must be approved before the AT is purchased.

Collection of Personal Information:

You can expect ILA Grants Team to adhere to privacy laws and have policies and procedures in place to safeguard your privacy and confidentiality. You can expect that information about you is only collected, stored and used for the purposes of providing quality services to you. You may contact us to discuss how your information is managed.

Sharing of Personal Information:

It may be necessary to share information about you to other individuals and agencies to allow us to deliver services to you. You may withdraw your consent to share personal information at any time by contacting us. I give consent for the ILA Grants Team to share my information to external sources as relevant to the delivery of my services/grant applications.

Signed (Beneficiary) _____ Date _____

Relationship to beneficiary if signed on their behalf: _____

How did you find out about the grant? _____

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Checklist for Required Information

Please complete the checklist below to help ensure that you have included all the information required to process your application:

- Signed beneficiary declaration
- Supporting health professional information
- Quotes for equipment requested

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PART 8: Sponsor Organisation Details (not for profit organisations only):

This section is ONLY to be completed if the application is through a Sponsor Organisation.

DO Not complete if submitting application as an individual or for a government department.

8.1: Organisation Details:

Official name of Sponsor Organisation: _____

Also known as (if applicable): _____

Street Address: _____

Postal Address: _____

Post Code: _____

Phone: _____ Fax: _____

Organisation's E-mail: _____

Website Address: _____

Does your organisation have an Australian Business Number (ABN)? Yes No

If yes, please provide your Australian Business Number: (ABN)

| | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

If not providing an ABN please refer to the special ABN declaration in the Grant Agreement.

Are you a GST Registered Organisation? Yes No

Please note that for requests over \$5,000, organisations must be registered for GST. If approved, your grant will be paid by Electronic Funds Transfer (EFT). Please provide details of your organisation's main operating account.

Account Name: _____

BSB Number:

Account Number:

Bank Name: _____

Please note that this section must be completed for each application. Details must be provided to confirm the organisation's bank details, even if they have been previously supplied.

Please ensure the Grant Agreement on page 9 is signed by an authorised person from the sponsor organisation.

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8.2: Grant Agreement

To be completed by the Sponsor Organisation only

Declaration

If a Grant is provided, the Sponsor Organisation agrees to the following conditions:

1. The grant will be used for the purpose for which it was given and will be expended in accordance with the Grant Approval Schedule, unless otherwise agreed in writing by the Independent Living Assessment – Grants Team.
2. Accountability for unconditional grants, (i.e. paid in full on approval), will include the provision of documentation including copies of suppliers' invoices and a certified acquittal statement, being provided to the Independent Living Assessment Grants Team within three (3) months of the grant being made available.
3. Any unexpended funds will be returned to the Independent Living Assessment Grants Team within three (3) months of payment of the grant, unless otherwise agreed in writing by the Independent Living Assessment Grants Team.
4. If there is to be any delay in the expenditure of the grant, a written request will be made seeking approval for the extension of time.
5. Any special conditions that are attached to the grant will be met.
6. All relevant records of the grant will be kept for a period of seven (7) years and will be made available for audit at any time.
7. The Independent Living Assessment Grants Team is under no obligation to verify bank details. In signing this Grant Agreement, the signatory is verifying that the details provided are for an account that is held in the name of the applicant organisation.
8. The organisation will advise promptly in writing of any changes in bank details. This advice will be signed by the Chief Executive Office or an alternate authorised delegate.

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Acceptance of Grants Conditions

To be completed by Sponsor Organisations only

I certify that all the information provided is true and correct, and give permission to the Independent Living Assessment Grants Team to contact any persons or organisations in the processing of this application.

If an ABN has not been provided I declare that the organisation:

- is not eligible for an ABN because it does not meet the definition of 'enterprise' for tax purposes; or
- has 'exempt income' status; or
- the application for an ABN has been rejected by the Tax Office.

If a GST Registered Entity: To comply with GST requirements, I authorise the Independent Living Assessment Grants Team to issue a Recipient Created Tax Invoice (RCTI) in respect of this grant. My organisation will not issue tax invoices in respect of this grant. I confirm that at the time of making this application, the organisation is registered for GST, and will continue to be so for the life of the grant. I also authorise the Independent Living Assessment Grants Team to act as an agent on behalf of my organisation should grant payments be made, at my request or as a condition of the grant, to a third party.

The Independent Living Assessment Grants Team acknowledges that it is registered for GST at the time of entering this agreement and that it will notify the Applicant Organisation if it ceases to be registered or if it ceases to satisfy any of the requirements of the relevant 'GST Ruling'. If you are not sure about your organisation's GST or ABN status contact your accountant or the ATO.

IMPORTANT: This section must be signed when a sponsor organisation is involved.
Only the CHAIRPERSON, PRESIDENT or CHIEF EXECUTIVE OFFICER (or another officer, formally delegated such authority) of the organisation which is to receive the Grant should sign below.

Signed: _____ Date: _____

Name: _____ Position: _____

Name of Sponsor Organisation: _____

Address: _____

_____ Post Code: _____ Phone: _____