



Clean Energy Household Assistance Package Essential Medical Equipment Payment (EMEP) Carer's Claim Form - EMEP

This form asks about Your personal details.
Your residence status.
Your living arrangements.
Your bank details.

Completing this form **Please use black or blue pen.**
Print in BLOCK LETTERS.
Tick appropriate boxes.
If you are asked to provide copies of documents, you must provide certified copies.
On this form “**you**” refers to the claimant.

Medical Confirmation form If a Medical Confirmation form, or other evidence relating to the proof of need for the eligible medical equipment is required, relevant documentation must be attached to the EMEP Claim form.

Further Information An EMEP FACT sheet, and FAQs can be found at:
<http://www.dva.gov.au/householdassistance> or contact your nearest DVA or VAN Office on 1800 555 254.

Privacy notice Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.
[Read more: How DVA manages personal information.](#)



Claiming payment as the CARER of a person using essential medical equipment

1. Are you claiming an EMEP as a CARER of a user with one or more pieces of qualifying medical equipment?

- No ► You do not qualify for this payment
Yes ► Go to the next question

Carer concession card details

Commonwealth Government concession cards

To be eligible for the Essential Medical Equipment Payment (EMEP) through the Department of Veterans' Affairs (DVA) the claimant or the person with medical needs, must hold a Commonwealth concession card issued by DVA.

- Department of Veterans' Affairs - Gold or White Card **OR**
- Pensioner Concession Card (PCC) **OR**
- Commonwealth Seniors Health Card (CSHC)

2. Do you, or the user of the equipment, hold one of the DVA concession cards listed above?

- No ► You are not eligible for this payment through DVA
Yes ► Please tick appropriate box
- Gold card
 - White card
 - DVA PCC
 - DVA CSHC

3. Carer details

Title

Mr Mrs Miss Ms Other

Surname

Given name(s)

Date of birth

Your home address (address where you live with the User of essential medical equipment)

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

DVA file number or CRN (if applicable)

4. Contact details

Home phone number

Mobile phone number

E-mail address

5. Have you ever used or been known by other names?

No

Yes ► List the other names

Type (e.g. maiden name)

6. Your gender

Male

Female

7. Equipment user details

Please complete the following details for the **person using** the essential medical equipment.

Title

Mr

Mrs

Miss

Ms

Other

Surname

Given name(s)

Date of birth

DVA file number

The equipment user's address at time of claim lodgement

POSTCODE

Contact details

Home phone number

Mobile phone number

E-mail address

The person named above (if not a dependent child) and the claimant are both required to sign the declaration on page 6 of this form.

NOTE: To qualify for the Essential Medical Equipment Payment as a carer, you must reside in the same residence as the user of the equipment at the time the EMEP claim is lodged or on the anniversary date for payment.

Essential medical equipment in use

8. What essential medical equipment does the person you provide care for, use?

Tick all relevant boxes

- 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

9. Has the essential medical equipment been provided via a recognised Department of Veterans' Affairs Program (e.g. Rehabilitation Appliances Program)?

No ► Go to the next question

Yes ► Go to question 11

10. Does the person you provide care for have relevant evidence stating either the medical need for the use of the essential medical equipment, or current entitlement to a state or territory scheme?

No ► Please have your doctor complete the Medical Confirmation form.

Yes ► Provide a copy of this evidence showing medical need.

NOTE: Once evidence of medical need for the equipment has been supplied to DVA this will **NOT** be required again for this item of equipment.

11. Are you claiming this EMEP for medically required heating/cooling?

No

Yes ►

NOTE: Evidence of qualification for assistance for medical heating and/or cooling from a State or Territory Government scheme **will not** be accepted for the purpose of the EMEP.

Energy account details

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

Tick the one which applies

- The holder of the energy account?
- The partner of the energy account holder?
- Able to demonstrate that you are responsible for contributing towards the payment of the energy account?
- Able to demonstrate the person with the medical needs is responsible for contributing towards payment of the energy account?

NOTE: You are **not** required to provide evidence of energy account payment with this claim. However, such evidence **must** be provided if later requested by DVA as part of a post-claim review.

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

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

EMEP claim history

14. Have you already received an Essential Medical Equipment Payment (EMEP) from the Department of Veterans' Affairs or from Centrelink for the same piece of medical equipment, at the same residence, this financial year?

- No
- Yes ► You are not eligible for this payment

15. Does the person to whom you provide care share use of the essential medical equipment being claimed with anyone else?

- No ► Go to question 17
- Yes ► Please state the full name of this person

DVA file number or CRN as applicable

16. Has an EMEP already been paid by the Department of Veterans' Affairs or Centrelink, for the shared equipment for this residence in this financial year?

- No
- Yes ► You are not eligible for this payment

Payment details

17. Should your EMEP claim be accepted, where would you like the payment to be made?

Give details of the account you want your payment made to. Payment must be made to a bank, building society or credit union account held in your name. A joint account is acceptable.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this is not always the number printed on your card)

Account held in the name(s) of:

Statement

This statement **must** be signed by the claimant and the equipment user (if not a dependent child).

The Medical Confirmation form or other evidence, where required, is to be provided with this application.

The following applies to the person with the medical needs:

I consent that:

- this claim for the Essential Medical Equipment be made by the carer indicated on this form.

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 medical heating/cooling, specified in this form.
- I can withdraw my consent at any time and to do so would cancel the carer's eligibility for this payment.
- Giving false or misleading information is a serious offence.
- The Department of Veterans' Affairs can act on the basis of information in its possession and can make any enquiries necessary.

18. Signature of person who USES (if not a dependent child) the essential medical equipment.



Date

The following applies to the claimant:

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 medical heating and/or 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 the Department of Veterans' Affairs within 14 days of any changes to this information and I understand that notification can be by telephone, in person or in writing.

I understand that:

- I may need to provide further information if requested.
- Giving false or misleading information is a serious offence.
- The Department of Veterans' Affairs can act on the basis of information in its possession and can make any enquiries necessary that I receive the correct entitlements.

19. Signature of person who provides CARE (the carer claimant) to a user of essential medical equipment.



Date

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Submit this claim form to DVA either:

at any DVA VAN Office

OR

**By mail to: EMEP Claims Processing
 Department of Veterans' Affairs
 GPO Box 9998
 Brisbane QLD 4001**