



Seniors' Equipment Grant Application Form

ABOUT THE GRANT

The Seniors' Equipment Grant is a once-off program designed to help older Deaf and hard of hearing people stay safe in their homes. The Deaf Society / Deaf Services can offer eligible people deaf-friendly Bellman Visit equipment to notify you of smoke (fire) in the home or a visitor at the door. Depending on the equipment you receive, it will flash and/or vibrate and/or make a very loud noise to let you know something is happening in your home. The purpose of this grant is to help older NSW and ACT residents who do not receive other funded support.

Please return completed application form to:

Seniors Equipment Grant
The Deaf Society
PO BOX 1300
Parramatta NSW 2124

Or, email completed application to: info@deafsociety.com

SECTION A: APPLICANT DETAILS

Name:	
Residential Address:	
Postal Address (if different to above):	
SMS:	Telephone:
Email:	Skype:
Preferred daytime contact method:	
Your everyday language: <input type="checkbox"/> Auslan <input type="checkbox"/> Spoken English <input type="checkbox"/> Tactile fingerspelling <input type="checkbox"/> Hand over hand Auslan <input type="checkbox"/> Other spoken language: <input type="checkbox"/> Other:	
Who will we contact about your application? <input type="checkbox"/> Me <input type="checkbox"/> Other person: Name: Contact: Relationship to you:	
Did someone help you fill out this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Their name: Relationship to you:	



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SECTION B: ELIGIBILITY

<p>Do you receive support from any of the following (please tick all that apply)?</p> <p><input type="checkbox"/> Commonwealth Home Support Program (CHSP)</p> <p><input type="checkbox"/> Home Care Packages (HCP)</p> <p><input type="checkbox"/> National Disability Insurance Scheme (NDIS)</p> <p><input type="checkbox"/> Transitional Aged Care Package (TACP)</p> <p><input type="checkbox"/> Continuity of Support Program (COS)</p> <p><input type="checkbox"/> Lifetime Care and Support Authority (LTCSA) OR icare</p> <p><input type="checkbox"/> Dust Diseases Board OR icare</p> <p><input type="checkbox"/> Department of Veterans Affairs (DVA)</p> <p><input type="checkbox"/> Enable NSW</p> <p>Please note that anyone receiving supports from the Department of Veterans Affairs and Housing NSW, Disability funded accommodation, Residential Aged Care Facility and Community Housing tenants are not eligible for his scheme. Please contact these groups directly for the equipment you need.</p>	
<p>Are you willing to take part in a short survey if you are successful in your application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you or anyone in your household received support under the Deaf Society's Smoke Alarm Subsidy Scheme (SASS)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Reference Form	
<p>To confirm that you are eligible for the Seniors Equipment Grant you are required to provide one of the following:</p>	
<p><input type="checkbox"/> A reference (using the form below) from a member of the Deaf Society, or a Deaf social or sports organisation stating that you are a Deaf member of the Deaf community</p>	
<p><input type="checkbox"/> A reference (using the form below) from Better Hearing Australia, Deafness Forum, Australian Hearing or a private audiologist stating that you have a profound hearing loss, or a severe hearing loss in the better ear</p>	
<p><input type="checkbox"/> An audiogram from an audiologist showing that you have a profound hearing loss or a severe hearing loss in the better ear</p>	
For Referee to Complete	
<p>I certify that [] (applicant name) is:</p> <p><input type="checkbox"/> Deaf (a member of the Deaf community in NSW)</p> <p><input type="checkbox"/> Hard of hearing (with a profound hearing loss >90dB)</p> <p><input type="checkbox"/> Hard of hearing (with a severe hearing loss in the better ear between 66-90dB)</p>	
Referee Details	
Referee name:	Organisation:
Role:	Email:
Date:	Signature:



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SECTION C: EQUIPMENT

Please indicate which equipment you'd like to apply for:	
<input type="checkbox"/> A fire alarm kit	<input type="checkbox"/> A door alert kit
<input type="checkbox"/> A fire alarm & door alert kit	
Do you have any other Bellman Visit equipment?	
<input type="checkbox"/> No	<input type="checkbox"/> I'm not sure
<input type="checkbox"/> Yes (please indicate which equipment):	
How would you like your equipment to notify you? (tick all that apply):	
<input type="checkbox"/> Vibrating	<input type="checkbox"/> Flashing
<input type="checkbox"/> Loud sound	<input type="checkbox"/> I'm not sure
The home you live in (tick all that apply):	
<input type="checkbox"/> I own my own home	<input type="checkbox"/> I rent my home
<input type="checkbox"/> Apartment/flat, I press a button to let people in the building	
<input type="checkbox"/> Apartment/flat, I don't need to press a button to let people into the building	
<input type="checkbox"/> Retirement village	
<input type="checkbox"/> Other (please explain):	
Number of floors/levels in your home	
Who lives with you in your home:	
<input type="checkbox"/> I live by myself	<input type="checkbox"/> With partner/spouse
<input type="checkbox"/> With family	<input type="checkbox"/> With other people

SECTION D: DECLARATION

Please read the following and sign if you agree	
I, [] (applicant's name) confirm that the information I have provided on this form is correct.	
I understand that, upon delivery, I will own any equipment provided and be responsible for any ongoing maintenance. I understand that if I am receiving support from the federal/state government or elsewhere, I may not be eligible to receive this equipment. I understand that my details may be shared with state or federal government for statistical reporting but will never be shared publicly.	
Applicant Signature:	Date: