

DISABILITY EQUIPMENT GRANT INFORMATION & GUIDELINES



Disability Equipment Grants (DEG) assists West Australian individuals with permanent disabilities. Grants are available for specific items of assistive technology (AT) for people who would not otherwise be able to afford this equipment. The Disability Equipment Grants are managed by the Independent Living Centre of WA (ILC WA) and supported by Lotterywest.

All enquiries and applications should be directed to the Independent Living Centre of WA.

APPLYING FOR A GRANT

Not-for-Profit Organisations or **Local Government Authorities** can apply for Disability Equipment Grants on behalf of individuals. Sponsor organisations are responsible for the purchase of the item/s requested and for the proper expenditure and acquittal of the grant.

Individuals who are not linked to an Organisation may apply directly to the ILC with all relevant information, including support from a health professional e.g. Occupational Therapist.

WHO CAN APPLY

West Australians with permanent disabilities that impact on their functional ability and who are not eligible for other funding sources. For grant purposes, an individual with a disability is defined as:

*“a person who has a **substantially reduced capacity** to communicate, to learn, to be personally mobile, or to be transported, as a result of a permanent physical, sensory, psychiatric or intellectual disability”.*

Please note: Participants in the National Disability Insurance Scheme (NDIS) are not eligible for the Disability Equipment Grants with the exception of eligible applicants applying for an air conditioner.

Disability Equipment Grants are income assessed. Individuals or families whose annual gross income is within **Level 1 or Level 2 (see table below)** are eligible to apply

| Status | Level 1 | Level 2 | Level 3 |
|--------------------------------|----------------|----------------|---------------|
| Single | Up to \$30,000 | Up to \$60,000 | Over \$60,000 |
| Couple no children | Up to \$44,000 | Up to \$85,000 | Over \$85,000 |
| Family with dependent children | Up to \$48,000 | Up to \$95,000 | Over \$95,000 |

Income levels are based on Centrelink guidelines

Level 1 incomes generally qualify for assistance without further investigation.

Level 2 incomes are expected to **contribute a minimum of 10%** towards the total equipment cost.

Level 3 are generally assessed as ineligible. However, exceptional cases may be considered.

EXCEPTIONAL CIRCUMSTANCES

Retrospective grants: In most circumstances, retrospective grants (Assistive Technology already purchased) are not considered. Any expenditure must occur after grant approval. Only exceptional circumstances will be considered.

Financial: Individual or family income above the ceiling or where more than one person in the family has a disability, recent change of family circumstances (loss of employment).

If you feel there are exceptional circumstances, please contact the Grants Team at the ILC to discuss further

WHAT ASSISTIVE TECHNOLOGY IS AVAILABLE

Grants for items costing more than \$250 will be considered for assistive technology / equipment within the following categories.

1. Assistive Technology (AT) for People with Vision Impairment: (maximum grant: \$5,000)

VisAbility (formerly Association for the Blind WA) manage the grants for assistive technology for people with vision impairment so please contact them for more information and to apply for AT in this category. <http://www.visability.com.au>

Grants will be considered towards assistive technology (hardware and software) that magnifies, produces voice output, Braille or other tactile formats; or mainstream technology with inbuilt accessibility features. Grants will not be provided for equipment for use primarily in educational or work settings. Exceptional cases may be considered where the cost of the requested AT exceeds \$5000.

All other categories are managed by the ILC.

2. Air Conditioners: (maximum grant: \$1,500) Low income only

Please note only low income pension concession card holders are eligible the Air Conditioner grant. All applications must be submitted on the separate DEG Air Conditioner application form. The forms can be downloaded from the ILC website www.ilc.com.au or contact the ILC on 1300 885 886.

3. Vehicle Modifications: (maximum grant: \$12,000)

Grants will be considered towards:

- Conversion of vehicles for wheelchair access.
- Specialised lifters, carriers or trailers for a wheelchair or scooter
- Modified driving controls
- New or second-hand wheelchair accessible vehicles (partial funding towards vehicle modification components only) **
- Specialised wheelchair ramps or restraints

Grants will not be provided for occupant car seats and/or restraints or vehicle air-conditioning.

Major vehicle modifications including wheelchair accessible vehicles: **Generally, applicants are eligible for one grant per seven year period.** Exceptional cases may be considered.

****Second-hand wheelchair accessible vehicles:** As a guide, a grant of up to a **maximum of 33%** of the total cost of the modified vehicle, or \$12,000, whatever is the lesser. For example, if the total cost of the modified vehicle is \$21,000 then a maximum grant of \$7,000 would be considered. Generally, the modified vehicles need to be less than 10 years old to be considered for a grant. Exceptional cases will be considered.

Grey imported vehicles will no longer be considered. Grey imports are models that make their way to Australia outside of the normal full volume import process. Commercially imported vehicles must meet Australian Standards for safety and emissions, requiring modification and certification before they can be registered.

It is the responsibility of the individual vehicle owner to ensure that all vehicle modifications comply with Department of Transport regulations and the driver holds a current, appropriately endorsed drivers licence if required. Ongoing costs such as the insuring and maintenance of the vehicle are also the responsibility of the beneficiary.

OT Driver Assessment & Training: Applicants applying for modified driving controls may be required to have an Occupational Therapy Driver Assessment (OTDA) and/or driver training prior to receiving a grant for the modifications. A subsidy may be available to assist. Contact the ILC Grants team for further information or go to [Disability Equipment Grant](#) web page.

Please **do not** use this application form to apply for OTDA or driver training subsidy.

4. Assistive Technology (AT) for People with Communication or Physical Impairment (Maximum grant: \$5,000)

Grants will be considered towards manufactured specifically for a person with a disability e.g. voice output device/software, communication devices for personal safety including alarms, specialised computer hardware and software; or mainstream technology with inbuilt accessibility features. Grants will not be provided for equipment for use primarily in educational or work settings.

Priority for grants in this category will be given to adults with disabilities. Exceptional cases may be considered.

5. Essential Independence Assistive Technology (maximum grant \$10,000)

Grants will be considered for essential Assistive Technology (AT), not available through any other funding programs, to support individuals with long term disabilities living at home. The AT needs to enhance their independence, wellbeing and / or support their unpaid carers.

Priority for these grants will be given to adults with disabilities living alone or where their unpaid carer's health is assessed as "at risk".

People living in residential aged care facilities are not eligible for this grant. However, in exceptional cases where there is a demonstrated significant increase in independence and community access by providing the AT e.g. wheelchair, a grant may be considered for a person residing in an aged care facility.

Exceptional cases may be considered where the cost exceeds \$10,000.

Please note people are not eligible for equipment in this category if:

- They are eligible for the Community Aids & Equipment Program (CAEP).
- The equipment is related to safe hospital discharge.
- They are in receipt of a Commonwealth Home Care Package (HCP) and the AT is expected to be provided as part of the package e.g. electrically adjustable beds and transfer aids
- They are in a residential age care facility.

Equipment requested needs to be supported and prescribed by an appropriate **allied health professional** (e.g. occupational therapist) and include client specific, written quotes.

Grants will be considered for equipment such as:

- Wheeled mobility devices e.g. manual & power wheelchairs
- Alternative seating for people with complex needs e.g. Electric lift chairs
- Personal hygiene equipment
- Minor home modifications

These are examples of Assistive Technology which may be funded. Enquiries regarding these and other assistive technology can be directed to the ILC grants team.

SUPPORTING HEALTH PROFESSIONAL:

All applications must include written supporting information from an appropriate health professional (e.g. occupational therapist), who can;

- confirm the person's disability / diagnosis, and the functional impact
- assess the need for the assistive technology / equipment
- prescribe the assistive technology.

In rural and remote areas, where an allied health professional is not available, a community nurse (for example) may provide the supporting information. Non-complex Assistive Technology (e.g. personal alarm) may be supported by a doctor.

HOW TO APPLY

Applications may be made at any time by using the current ILC Disability Equipment Grant Application Forms available at www.ilc.com.au or by contacting the Independent Living Centre WA.

Before sending applications to the Independent Living Centre, applicants should ensure

- The individual to benefit has a disability as defined by the Disability Services Act (1993)
- Appropriate allied health professional supporting information is included
- The application includes appropriate quotes for the equipment requested
- The individual does not have the means to provide the item from his or her own resources
- Any additional funds required for the item requested are available
- No alternative funding is available

HOW IS THE GRANT 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. Urgent assessment may be considered in special circumstances.

More time may be required if further assessment, additional information and/or approval by the DEG Advisory Panel is needed.

HOW OFTEN CAN I APPLY

People with demonstrated needs may apply for assistance in more than one Assistive Technology category.

Major vehicle modifications: Generally, applicants are eligible for **one grant per seven year** period.

Other equipment: Generally, a person must wait a **minimum of three years** before re-applying for a grant in the same equipment / AT category.

Exceptional cases may be considered. For example: People who have degenerative conditions or whose needs have changed significantly may be assisted more often.

WHO TO CONTACT

Please contact the ILC grants team before submitting your application, if you have any queries regarding eligibility or there are unusual circumstances.

Disability Equipment Grants
Independent Living Centre of WA
The Niche, Suite A
11 Aberdare Road
NEDLANDS WA 6009

Phone: 1300885 886
Fax: 9381 0611
Email: ilcgrants@ilc.com.au
Web: www.ilc.com.au

Our aim is to provide a responsive community based grants equipment program for people with disabilities.



ILC DISABILITY EQUIPMENT GRANT

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.

DO NOT USE THIS FORM TO APPLY FOR AN AIR CONDITIONER GRANT

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. LC or care coordinator)*

Name: _____ **Position Title:** _____

Place of Work: _____

Phone: _____ **Mobile:** _____

Fax: _____ **E-Mail:** _____

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

1.2: GRANT DETAILS:

Beneficiary name: _____ **Age:** _____

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

Equipment / assistive technology (AT) requested:

Is this an urgent request? Yes No

If yes, Why? _____

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



Disability Equipment Grants
 Independent Living Centre of WA
 The Niche, Suite A, 11 Aberdare Rd,
 Nedlands WA 6009

Telephone: 1300 885 886
 Facsimile: 08 9381 0611

Email: ilcgrants@ilc.com.au DEG

ILC DISABILITY EQUIPMENT GRANT

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 (ATSI) Yes No

CONTACT PERSON FOR CORRESPONDENCE: As Above or

Name: _____ Relationship: _____

Address: _____ Suburb: _____ Postcode _____

Phone: _____ Mobile: _____

Email: _____

PART 3 : ELIGIBILITY OF INDIVIDUAL

To be completed by Allied Health Professional

The client:

- has a disability of a permanent or indefinite nature Yes No
- Is eligible for Community Aids & Equipment Program (CAEP)? Yes No
- Is receiving a Commonwealth Home Care Package (HCP) Yes No
- Is resident in an aged care facility (generally not eligible) Yes No
- Is participating in the NDIS (Not eligible) Yes No
- has / or is receiving insurance / compensation (generally not eligible) Yes No

3.1: FINANCIAL ELIGIBILITY (Please refer to DEG Guidelines for income levels for assessment purposes)

Please provide **proof of income** to supporting organisation or the ILC

Centerlink Income Statements Pay slips/ATO assessment Other

To be the representative/health professional of the Sponsor Organisation or the ILC

I confirm that I have carefully considered the financial circumstances of the applicant, and am satisfied That he/she is not able to purchase the item without assistance from a Disability Equipment Grant.

I confirm that the beneficiary's income is Level 1 2 3 Please tick

Signed: _____ Date _____

Full name: _____ Position & Place of work _____

ILC DISABILITY EQUIPMENT GRANT

PART 4: SUPPORTING HEALTH PROFESSIONAL DETAILS

4.1: HEALTH PROFESSIONAL DETAILS

To be completed by a Health Professional (e.g. occupational therapist, physiotherapist, speech pathologist), who is able to confirm the persons functional disability, assess their need and prescribe the assistive technology (AT)

Name: _____ Position: _____

Qualifications _____

Place of Work _____

Address: _____

Post Code: _____

Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____

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

4.2: SUPPORTING INFORMATION:

Please provide information regarding the applicant

What equipment / AT is requested _____

Does the client have any other equipment /AT Yes No

If Yes details _____

Are you applying for Approval in Principle? Yes No

Is the grant towards the purchase of a second hand modified vehicle: Yes

If yes, please attach written information including:

- Purchase price and seller details.
- Vehicle details - make, model and year of manufacture.
- Details of vehicle modifications - type of modifications e.g.: hoist & tracking, condition, date of installation, company, and service history.

If applying for Vehicle Driving Modifications:

Does the driver use modified driving controls?

Yes No

If yes, does the driver hold a current endorsed drivers licence?

Yes No

Please provide a copy of both sides of your licence.

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4.2 SUPPORTING INFORMATION (continued)

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: Attached **Below**

Disability / diagnosis: (include date of onset)

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 any other equipment program.

Helath Professional signature _____ **Date:** _____

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PART 5: DETAILS OF EQUIPMENT COSTS:

Attach copies of two (2) client-specific, itemised, 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

Details of quotes:

| 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 must be provided to support this decision.**

RECOMMENDED SUPPLIER(S) (Please complete)

| ITEM | SUPPLIER | COST – EX GST |
|------|----------|------------------|
| | | |
| | | |
| | | |
| | | |

REASON FOR SELECTION

ILC DISABILITY EQUIPMENT GRANT

PART 6: FUNDING REQUESTED

| | |
|--|----------|
| Total cost of equipment: (# see below) | \$ _____ |
| Contribution by beneficiary | \$ _____ |
| Amount from other sources (please specify) | |
| _____ | \$ _____ |
| 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. _____

If registered for GST amount should not include GST

PART 7: BENEFICIARY DECLARATION:

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

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 provided to ILC should it be required.
I understand that the grant must be approved before the AT is purchased.

Collection of Personal Information:

You can expect ILC WA 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 ILC WA 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? _____

CHECKLIST FOR REQUIRED INFORMATION

Please complete the checklists below to ensure that you have included all the information required to process the application

- Supporting health professional information and recommendation
- Quotes for equipment
- Proof of income (e.g. Centrelink Income Statement) to supporting Organisation or the Independent Living Centre of WA
- Signed beneficiary declaration
- Copy of driver's licence (if applicable)

ILC DISABILITY EQUIPMENT GRANT

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.

ILC DISABILITY EQUIPMENT GRANT

8.2: GRANT AGREEMENT

To be completed by the Sponsor Organisation only

DECLARATION

The 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 Centre of WA.
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 Centre within three (3) months of the grant being made available.
3. Any unexpended funds will be returned to the Independent Living Centre within three (3) months of payment of the grant, unless otherwise agreed in writing by the Independent Living Centre.
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 Centre 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 sponsor organisation.
8. The organisation will advise promptly in writing of any changes in bank details. This advice will be signed by the Chief Executive Officer or authorised delegate.

ILC DISABILITY EQUIPMENT GRANT

ACCEPTANCE OF GRANT CONDITIONS

To be completed by Sponsor Organisation only

I certify that all the information provided is true and correct, and give permission to the Independent Living Centre of WA Inc. 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;
- has 'exempt income' status;
- 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 Centre 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 Centre 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 Centre acknowledges that it is registered for GST at the time of entering this agreement and that it will notify the Sponsor 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 authorised delegate only) of the organisation which is to receive the Grant should sign below.

Signed: _____ Date: _____

Name: _____ Position: _____

Name of Sponsor Organisation: _____

Address: _____

_____ Post Code: _____ Phone: _____

PLEASE NOTE: You may lodge applications by mail, fax, email (with scanned attachments) or in person.

Disability Equipment Grants
Independent Living Centre of WA
The Niche, Suite A
11 Aberdare Road
NEDLANDS WA 6009

Telephone: 9381 0600 Fax: 9381 0611
email: ilcgrants@ilc.com.au