



EQUIPMENT for LIVING – INDIVIDUAL GRANT

NOTE: PARTICIPANTS IN THE NDIS ARE NOT ELIGIBLE FOR EQUIPMENT FOR LIVING GRANTS

GRANT APPLICATION INFORMATION PACK 2019-20

This Information Package

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

- 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)

Please visit our website at www.ilc.com.au for other grant information or contact the Grants team at the Independent Living Centre on 1300 885 886 to discuss your proposal.

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

**Equipment for Living Grant
Independent Living Centre of WA
The Niche, Suite A
11 Aberdare Road
NEDLANDS WA 6009
Fax: 9381 0611**

Email: eflgrants@ilc.com.au

About Equipment for Living Grants

The State Government, through the Disability Services Commission, has provided the Independent Living Centre (ILC) with funding to continue the Equipment for Living (EFL) Grants until June 2020.

These grants will provide individuals who are eligible for the Community Aids and Equipment Program (CAEP) with essential assistive technology (equipment), not currently available through CAEP, to enable them to participate more independently in their homes and communities.

Individuals or Sponsor Organisations (not for profit) on behalf of individuals, may apply for funding to purchase items of assistive technology (AT). 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 the ILC if they no longer need it.

What Assistive Technology is funded for Individual Grants?

Below is a list of examples of assistive technology (AT) which may be considered:

- a) Wheelchairs 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) Items 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;

Scooter applications: where the client has other transport options and/or supports available, it is very unlikely that scooter applications will be approved.

These are examples of AT which may be funded. Enquiries regarding other AT can be directed to the ILC grants team.

Please note:

- The grant will fund items that an individual need, that are reasonable and necessary to support their identified goals and are not available through CAEP or other funding.
- The item must be needed for regular use.

- The AT must be specified and supported by an allied health professional who is a recognised CAEP clinician, and 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.
- If required, the cost of trialling AT will be funded by EFL to determine suitability of equipment.
- AT required for safe hospital discharge is not eligible for the grant.
- Generally only one item or package per person, up to a maximum grant of \$6,000 per year.
- Items less than \$250 will not be considered.
- Exceptional cases may be considered at the discretion of the Independent Living Centre WA and may require review by the EFL Advisory Panel e.g. complex and/or specialised assistive technology above the grant ceiling or more than one item.
- 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.
- Grants will not be provided for AT used exclusively in educational or employment settings.

Who is Eligible?

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

The applicant must be eligible for assistive technology funding through the Community Aids and Equipment Program (CAEP). More information can be found on the Disability Services Commission website. Follow this link [Disability Services Commission CAEP](#) or contact your CAEP provider.

This means the person with a disability must meet **all** of the following criteria:

- 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**
 - Is able to 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) and

- is not in receipt of any Commonwealth funding including residential care or aged care packages e.g. Commonwealth Home Care Package Level 1 to Level 4 (formerly known as EACH or CACP).
- is not a participant of the NDIS.

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

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 ALL sections of the Application Form and the Grant Agreement.

INDIVIDUAL APPLICANTS: If you are applying for the assistive technology as/ or on behalf of an individual, complete parts 1 – 4.

Applications may be made at any time by using the current form available at <http://ilc.com.au/funding/equipment-for-living/> or by contacting the Independent Living Centre Grants Team.

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

- Appropriate allied health professional report is included
- The application includes written quotes for the AT requested
- Any additional funds required for the item requested are available

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. Urgent assessment may be considered in special circumstances.

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

The Sponsor Organisation or the Individual are advised in writing on receipt of the application. Once assessed, the Sponsor Organisation and/or the individual are advised of the outcome in writing.

Who to Contact

For further information or to discuss Equipment for Living grant, please contact a member of our ILC grants team.

Telephone:	1300 885 886	Fax:	(08) 9381 0611
Email:	eflgrants@ilc.com.au	Web Address:	www.ilc.com.au

Independent Living Centre of W.A. (Inc)
 The Niche, Suite A
 11 Aberdare Road
 NEDLANDS WA 6009



Requisition No.

Empty box for Requisition No.

ABN 82 056 232 143

EQUIPMENT FOR LIVING 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.

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: 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, faxed, emailed with scanned attachments or delivered to:

Equipment for Living Grant
Independent Living Centre of W A
The Niche, Suite A
11 Aberdare Road
NEDLANDS WA 6009

Fax: 9381 0611
Email: eflgrants@ilc.com.au
Phone: 9381 0600

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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 (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 applicant must be eligible for equipment funding through the Community Aids and Equipment Program (CAEP). Please refer to CAEP manual for eligibility information.

- 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 _____

- resides in the community in a situation which encourages independent living Yes No
- has 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

Is a holder of ONE of the following:

Pensioner Concession Card Yes No

Health Care Card Yes No

OR

Financial hardship (assessed CAEP eligible by Disability Services Commission) Yes No

PART 4: SUPPORTING HEALTH PROFESSIONAL DETAILS:

4.1: 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? _____

4.2: 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 (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 CAEP?

Health Prof 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

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

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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/ 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 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 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

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"/>
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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 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 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 Officer or authorised delegate.

ACCEPTANCE OF GRANT 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 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; 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 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 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:** _____

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

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NEDLANDS WA 6009

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