



Medical Aids Subsidy Scheme, Queensland Health
Communication Aids Application Form

(This form is used for all communication aids applications and must be accompanied by one of the four MASS 21 Appendices depending on the type of aid requested)

MASS
21

0910

Eligibility

Administrative eligibility is dependent upon the applicant being a permanent Queensland resident. The applicant must hold one of the following eligibility cards – in the name of the applicant:

- Centrelink Pensioner Concession Card
- Department of Veterans' Affairs (DVA) Pensioner Concession Card (conditions apply)
- Centrelink Health Care Card
- Queensland Government Seniors Card
- Confirmation of Concession Card Entitlement Form (conditions apply)

Please provide a **copy of both sides of the eligibility card, OR signed consent to access Centrelink information** on the MASS 84 Proxy Access to Centrelink Information Form.

Clinical eligibility will be determined by the Medical Aids Subsidy Scheme (MASS) Clinical Advisor based on information provided by the MASS designated prescriber as detailed in the MASS Statewide Prescriber Procedures Manual.

Communication Aids are not provided by MASS for hospital inpatients and high care residents of Commonwealth funded care facilities.

How to Apply

MASS operates through a prescriber model in that MASS designated prescribers, in consultation with the applicant, submit an application (on behalf of the applicant) to MASS for consideration for subsidy funding assistance.

The MASS designated prescriber completes the application form in accordance with the General and Communication sections of the MASS Statewide Prescriber Procedures Manual.

MASS designated communication aids prescribers are:

- Speech Pathologists

Refer to Communication Aids - Designated Prescriber Chart in the MASS Statewide Prescriber Procedures Manual for further details.

Post OR Fax Completed Forms to a MASS Service Centre

Brisbane:

Medical Aids Subsidy Scheme
PO Box 281, Cannon Hill Qld 4170
Telephone: 3136 3510 Fax: 3136 3500
Email: mass184@health.qld.gov.au
Website: www.health.qld.gov.au/mass

Mackay:

Medical Aids Subsidy Scheme
PO Box 688, Mackay Qld 4740
Telephone: 4965 9456 Fax: 4965 9418
Email: mass184@health.qld.gov.au
Website: www.health.qld.gov.au/mass

Applicants should retain both this page and Part A for their records.

Prescriber information for the applicant may be documented here:

Part A – Applicant Acknowledgement – Retained by the Applicant

1. I confirm that:

- I have actively participated in the assessment and trialling of the aid/s and associated modifications and/or accessories
- the features and options of the aid/s, and any appropriate alternatives have been fully explained to me by my prescribing health professional
- the possible cost implications that I may incur as a result of MASS policy or subsidy funding have been explained to me by my prescribing health professional
- the aid/s prescribed are suitable for my needs
- I have a safety switch (residual current device) installed in my home and am using a surge protection device (only applicable for MASS subsidy funded communication aids that require charging/operation through mains power).

2. I acknowledge that:

- the aid/s provided by MASS are on permanent loan
- the aid/s remains the property of MASS, unless advised by MASS in writing
- the aid/s will only be used by me and for the purposes prescribed
- the aid/s will be maintained by me as outlined in the information provided to me with the aid
- the aid/s must be returned to MASS when I no longer require its use or it is replaced, unless advised by MASS in writing
- I must not have any repairs and/or modifications carried out without specific prior approval from MASS
- MASS takes no responsibility for any injury sustained by me through use of the aid subsidy funded/allocated by MASS.
- unless the equipment is supplied to you with a written notice confirming that it has been tested for electrical safety and that the equipment was found to be electrically safe, you should assume that it has not been tested and where the assumption applies, Queensland Health makes no warranty as to the electrical safety of the equipment.

3. I agree to:

- answer promptly any enquiries made from time to time by MASS as to the condition of the aid/s and my continued need for its safe and effective use
- notify my local Queensland Health Community Health Centre or MASS should I cease to be able to use the aid/s safely and effectively
- use the aid/s within the conditions of MASS
- inform MASS within 14 days of any change in my residential address, or eligibility for MASS subsidy funding e.g. no longer eligible for a health care card

4. I understand that if I have taken ownership of a MASS subsidised aid that:

- repairs and maintenance become my responsibility
- insurance cover becomes my responsibility
- I will not be provided with further MASS assistance for replacement of the aid within a five (5) year period, except where replacement of a returned aid is required due to functional change or growth.

Part A – MASS Privacy Statement – Retained by the Applicant

The information collected in this application ("your information") is required by Queensland Health to assess if you are eligible for subsidy funding for the supply of aids and equipment and to assist us in processing your application. [This is authorised under the Medical Aids Subsidy Scheme (MASS) which administers the subsidy].

Queensland Health protects your privacy by collecting, using, storing and disclosing the personal information it holds about you in accordance with **Information Standard 42A (IS42A)** which sets out the privacy rules that apply to Queensland Health.

Your information may be disclosed to your prescribing health professional (for further clinical management), your carer or to those parties requiring the information to provide you with the aids and equipment and services you are entitled to receive through MASS or if required or authorised by law.

Your information will not be disclosed to any other third parties without your consent.

If the information you give us is not complete or accurate, we may not be able to process your application. If any details change or if you find the personal information we hold about you is inaccurate, please contact us and we will take reasonable steps to ensure it is corrected.

For more information on the Queensland Health Privacy Policy, visit the website at www.health.qld.gov.au/privacy.

MEDICAL AIDS SUBSIDY SCHEME (MASS)

Part B – Applicant’s Personal Details

Title: Applicant’s Surname:

Applicant’s Given Name/s:

Preferred Name:

Date of Birth:

Male

Female

Is the applicant receiving an Extended Aged Care at Home package? Yes No

Is the applicant a resident in a Commonwealth funded care facility? Yes No Level:

Please note: If the answer is Yes, MASS may need to contact the residential care facility to clarify your level of care e.g. high or low care

Facility Name:

Applicant’s Permanent Residential Address:

Suburb/Town:

Postcode:

Telephone:

Mobile:

Fax:

E-mail:

Applicant’s Delivery Address (if different from above):

Suburb/Town:

Postcode:

Telephone:

Applicant’s Postal Address (for correspondence):

Suburb/Town:

Postcode:

Does the applicant receive a Department of Veterans' Affairs benefit? Yes No

Does the applicant receive Commonwealth Rehabilitation Scheme assistance? Yes No

Does the applicant receive other funding assistance? Please name:

Required by MASS for funding and/or optimal service provision

Does the applicant receive HACC services e.g. home respite, home care? Yes No

Does the applicant identify with Aboriginal descent? Yes No

Does the applicant identify with Torres Strait Islander descent? Yes No

Country of Birth:

Language spoken at home:

Does the applicant require an interpreter? Yes No Language for Interpreter:

Some of our written information is available with symbol/picture support. Would the applicant benefit from receiving information in this format? Yes No

Carer Title: Surname:

Given Name/s:

Telephone:

Mobile:

Fax:

E-mail:

Relationship of carer to applicant:

Postal Address (if different to the applicant's):

Suburb/Town:

Postcode:

MEDICAL AIDS SUBSIDY SCHEME (MASS)

Applicant's Full Name: _____ **DOB:** _____

Part B – Applicant's Contact Persons

I consent to MASS, Queensland Health approaching my personal contacts should the need arise.

The names and addresses of two (2) personal contacts who are aware that their names have been provided to MASS, who do not reside with the applicant and who will always be aware of the applicant's address are:

	Personal contact	Personal contact
Name in full:		
Relationship to applicant:		
Residential address:		
Postal address:		
Telephone:		
Mobile:		
Fax:		
E-mail:		

Part B – Compensation or Insurance Claims

Does a Workcover, third party, public risk or any other form of compensation or insurance claim apply for injuries for which MASS assistance is requested?

No Yes If yes, please complete details below:

I have have not engaged a legal representative to act on my behalf regarding a claim for damages.

Solicitor's Name:

Firm's Name:

Firm's Address:

Suburb:

Postcode:

Telephone:

Fax:

E-mail:

I undertake to repay MASS, Queensland Health the cost of assistance provided to me by MASS, should I obtain damages for injuries from any past, present or future claim/s.

I undertake to advise MASS, Queensland Health of the progress of my claim for damages. This may be in the form of written communication to MASS from my legal representative.

I provide authority for MASS to write to my legal representative named above, and to provide the legal representative with written details and costs of the aids and equipment that MASS has provided and currently provides to me.

Signature of Applicant/Carer:

Date:

Name:

Signature of Witness:

Date:

MEDICAL AIDS SUBSIDY SCHEME (MASS)

Applicant's Full Name: _____ **DOB:** _____

Part C – Service Improvement Activities

Your consent to service improvement activities means that you will be giving MASS your permission to access your health information to improve the care MASS provide to all its clients. These activities will allow MASS to determine if the service is meeting people's needs and the service is complying with standards of practice.

I agree to participate in MASS service improvement activities (including internal audits and surveys).

Yes No

Signature of Applicant/Carer:

Date:

Name (Please print):

At any time I can withdraw my agreement by contacting the MASS Quality Systems Coordinator on 3136 3614. I understand that there will be no effect to service provision by MASS if I withdraw my consent.

Part C – Applicant Acknowledgement

I agree to accept the conditions stated in Part A of this application. I acknowledge that all my information listed in this application is current and correct.

Signature of Applicant/Carer:

Date:

Name (Please print):

Part D – Application Requirements

This application will be returned to the prescriber if all the requirements of the application form, as listed below, are not completed and signed. In addition a letter will be forwarded to the applicant explaining the situation.

- Has the front page been retained by the applicant?
- Has Part A been understood and retained by the applicant?
- Has Part B been completed (if applicable, the level of residential care must be documented)?
- Has Part C been completed and signed by the applicant?
- Has the relevant MASS 21 appendix been completed in conjunction with the applicant and signed by the prescriber?
- Has supporting clinical documentation to confirm clinical eligibility been included?
- Has a quote for the electronic communication device and accessories been included (if applicable)?
- Is a photocopy (front and back) of the applicant's current eligibility card/form OR signed MASS 84 Proxy Access to Centrelink Information Form attached?
- Has a copy of the application form been retained by the prescriber?

Please post or fax completed applications to one of the following MASS service centres:

Brisbane:

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PO Box 281, Cannon Hill Qld 4170
Telephone: 3136 3510 Fax: 3136 3500
Email: mass184@health.qld.gov.au
Website: www.health.qld.gov.au/mass

Mackay:

Medical Aids Subsidy Scheme
PO Box 688, Mackay Qld 4740
Telephone: 4968 3931 Fax: 4968 3829
Email: mass184@health.qld.gov.au
Website: www.health.qld.gov.au/mass