

# Applicant Information Sheet for MASS 21

## Communication Aids Application Form for MASS Subsidy Funding Applications

The person who will receive the equipment (the Applicant) should retain this section for their records.

### Eligibility for MASS

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

To confirm eligibility: Please provide a signed consent to access Centrelink information (MASS 84 Proxy Access to Centrelink Information Form) OR a copy of both sides of the eligibility card.

Clinical eligibility will be determined by the Medical Aids Subsidy Scheme (MASS) Clinical Advisor based on information provided by the prescribing therapist as required in the MASS General Guidelines (<http://www.health.qld.gov.au/mass/>)

### How to Apply for MASS

Applicants wishing to apply to MASS for Communication Aids must consult an Speech Pathologist (SP) For applications for Speech Generating Devices requiring specialised accessories, an Occupational Therapist (OT) must be consulted. They will provide an assessment of your needs and assist you to choose the most appropriate equipment. You are required to sign PART A and your prescribing therapist is required to complete and sign the relevant MASS Appendix.

### Applicant Acknowledgement for MASS

- I confirm that:**
- 1** I have actively participated in the assessment and trial of aid/s and associated accessories.
  - 2** the features and options of the aid/s, and any appropriate alternatives have been fully explained to me by my prescribing health professional.
  - 3** 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.
  - 4** the aid/s prescribed are suitable for my needs.
  - 5** I have a safety switch/residual current device installed in my home (only applicable for MASS subsidy funded communication aids that require charging/operation through mains power).

**I acknowledge that the aid/s provided by MASS are on permanent loan and:**

- 6 remain the property of MASS, unless advised by MASS in writing.
- 7 will only be used by me for the purposes prescribed.
- 8 will be maintained by me on a weekly/monthly basis as outlined in the information provided to me with the aid.
- 9 must be returned to MASS when I no longer require its use or it is replaced, unless advised by MASS in writing.
- 10 must not have any repairs and/or modifications carried out without specific prior approval by the local MASS service centre.
- 11 MASS takes no responsibility for any injury sustained by me through use of the aid subsidy funded/allocated by MASS.
- 12 unless the equipment is supplied to me with written notification that it has been tested for electrical safety and that the equipment was found to be electrically safe, I 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.

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**I agree to:**

- 13 answer promptly any enquiries made from time to time by MASS service centre as to the condition of the Scheme's aids and my continued need for its safe and effective use.
- 14 notify my local Queensland Health Community Health Centre or local MASS service centre should I cease to be able to use the aid/s safely and effectively.
- 15 use the aid/s within the conditions of MASS.
- 16 inform MASS within 14 days of any change in my residential address or eligibility for MASS subsidy funding assistance. For example:
  - no longer eligible for a health care card;
  - in receipt of an Extended Aged Care at Home (EACH) package;
  - in receipt of a Consumer Directed Care (CDC) package;
  - admission to high care residential facility etc.

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

- 17 repairs and maintenance become my responsibility.
- 18 insurance cover becomes my responsibility.

## MASS Privacy Statement

YOUR PRIVACY: The Queensland Health, Medical Aids Subsidy Scheme (MASS) collects administrative, demographic and clinical data as part of the MASS application processes, in accordance with the *Information Privacy Act 2009* and *Hospital and Health Boards Act 2011*, in order to assess your eligibility for funding assistance for the supply of aids and equipment.

The information will only be accessed by Queensland Health officers. Some of this information may be given to the applicant's carer or guardian; other government departments which provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. commercial suppliers, community care and repairers) requiring the information for the purpose of providing aids, equipment and services.

Your information will not be given to any other person or organisation except where required by law.

**Please send completed form via post or email to:**

Medical Aids Subsidy Scheme, Brisbane  
PO Box 281, Cannon Hill Qld 4170  
Telephone: 3136 3696 Fax: 3220 6398  
Email: [MASS-SpecialisedServices@health.qld.gov.au](mailto:MASS-SpecialisedServices@health.qld.gov.au)  
Website: [www.health.qld.gov.au/mass](http://www.health.qld.gov.au/mass)



**MASS 21  
Communication Aids Application Form**

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth:

Sex: M F I

**PART A – Applicant Details** To be completed by the applicant / carer

**Applicant's Personal Details**

**1 Name**

Title	Family name
Given name(s)	
Preferred name	First name or specify

**2 MASS reference number (if known)**

**3 Date of birth Sex**

<input type="text"/>	Male	Intersex
	Female	or Other

**4 Permanent residential address**

<input type="text"/>	
<input type="text"/>	
Suburb / town	Postcode
Telephone	Fax
Mobile	
Email	

**5 Delivery address** Same as residential address

<input type="text"/>	
<input type="text"/>	
Suburb / town	Postcode

**6 Postal address** Same as residential address (for correspondence)

<input type="text"/>	
<input type="text"/>	
Suburb / town	Postcode

**7 Is the applicant receiving a Home Care Package?** Yes No

**Note:** If the applicant will be receiving a Home Care package or CDC High Care Package at hospital discharge you should mark 'Yes'.

Level 1    Level 2    Level 3    Level 4

**8 Is the applicant a resident in a Commonwealth funded care facility?** Yes No

Enter ACFI Score of L (Low), M (Medium) or H (High) for:  
ADL \_\_\_\_\_ Behaviour \_\_\_\_\_ Complex Care \_\_\_\_\_

**Note:** If the applicant is receiving High Care, they will not be eligible for MASS funding.

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

**10 Does the applicant receive other assistance?** (e.g. Dept of Communities / Disabilities, Palliative Care services) Yes No

If yes, name

**11 Is the applicant of Aboriginal or Torres Strait Islander origin?** For applicants of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.

Aboriginal	Yes	No
Torres Strait Islander	Yes	No

**12 Country of birth**

Australia Other

**13 Language spoken at home**

English Other

**Carer Information**

**14 Name**

Title	Family name
Given name(s)	

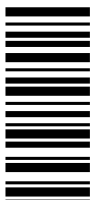
**15 Contact information**

Telephone	Fax
Mobile	
Email	

**16 Relationship to applicant**

**17 Postal address**

<input type="text"/>	
<input type="text"/>	
Suburb / town	Postcode





(Affix identification label here if available)

**MASS 21  
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Form**

Family name:

Given name(s):

Date of birth:

Sex: M F I

**Alternate Contact Persons**

**17** 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 1**

**Personal contact 2**

Name in full		Relationship to applicant		Name in full		Relationship to applicant	
Address				Address			
Telephone		Mobile		Telephone		Mobile	
Fax		Email		Fax		Email	

**Compensation or Insurance Claims - MASS funded equipment**

**18 Does a WorkCover, third party, public risk or any other form of compensation or insurance claim apply for injuries for which assistance from MASS, Queensland Health is requested?**

Yes, please complete details below:

No, go to the next section, *Service Improvement Activities*

- 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	Email	

- I undertake to repay MASS 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 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 and provide information to my legal representative named above.
- This authority remains valid until revoked by me in writing.

<b>Applicant / Carer signature</b>		Print name	Date
		Print name	Date

**Service Improvements**

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

Yes No

At any time I can withdraw my agreement by contacting MASS on 07 3136 3969. I understand that there will be no effect to service provision by MASS if I withdraw my consent.

**Applicant Acknowledgement**

**20** I agree to the conditions stated in the Applicant Information Sheet.

**21** I acknowledge that my information listed in this application is current and correct.

**22** Applicant/Carer signature

	Print name	Date
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