

# Spectacle Supply Scheme Application

## Applicant Information Sheet

### Eligibility

Administrative eligibility is dependent upon the applicant being a permanent Queensland resident. The resident must hold for a minimum of six (6) months one of the following eligibility cards/forms – in the name of the applicant:

- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Department of Veteran's Affairs (DVA) Pensioner Concession Card (if not eligible for spectacles provided under the Department of Veterans' Affairs "Optical Supplies Program")
- Queensland Government Seniors Card

To confirm eligibility please provide a signed consent to access Centrelink information on [health.qld.gov.au/ data/assets/pdf file/0025/431377/form-mass30-spectacles.pdf](https://health.qld.gov.au/data/assets/pdf_file/0025/431377/form-mass30-spectacles.pdf) application OR a copy of both sides of the eligibility card.

The applicant must also have a clinical need for spectacles as determined by an Optometrist/Ophthalmologist.

### How to Apply

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

The participating Optometrist/Ophthalmologist completes the application form in accordance with the relevant sections in the Application Guidelines for Spectacle Supply Scheme: [health.qld.gov.au/ data/assets/pdf file/0021/431382/guidelines-spectacles.pdf](https://health.qld.gov.au/data/assets/pdf_file/0021/431382/guidelines-spectacles.pdf)

MASS designated prescribers are any Optometrists/Dispensing Agents/Ophthalmologists participating in the Spectacle Supply Scheme (SSS).

Last updated: 6 January 2026

# Applicant Acknowledgements

## I confirm that:

1. I have undergone clinical investigation prior to this application being submitted to MASS.
2. I have actively participated in the selection of spectacles and they are suitable for my needs.
3. The information provided to the prescriber is accurate and reflects my current health condition.
4. I have been instructed on the use of the prescribed spectacles.

## I acknowledge that:

1. The features and options of the spectacles have been fully explained as well as possible alternatives that may be available to me through MASS.
2. MASS is unable to exchange requested spectacles once ordered from the supplier.
3. The use of own frames is at my own risk. MASS will not take responsibility for frames that are lost in the process of being sent from the dispensing agent.
4. MASS requires up to one (1) month to process my application, however if further information is required by MASS regarding the application this processing period may be exceeded.
5. I have been informed of MASS policy regarding repair of broken/damaged spectacles.
6. I have been advised that my eligibility for ongoing MASS assistance is subject to the outcome of clinical review by an Optometrist/Ophthalmologist.

## I agree to:

Inform MASS within 14 days of any change in my contact details, residential address or eligibility for MASS funding. For example: No longer eligible for a health care card.

# Privacy Consent

This consent is in relation to the collection of information by QH/MSHHS for MASS funded items.

The Queensland Health and Metro South Hospital and Health Service (MSHHS), via the Medical Aids Subsidy Scheme (MASS) collects and uses your personal information including your administrative, demographic, and health information as part of the MASS application process to assess your eligibility for funding assistance and delivery of funded items to your home. All information is collected in accordance with the Information Privacy Act 2009 (Qld) and Hospital and Health Boards Act 2011 (Qld). It is important that you have fully read and understood this document before you provide your consent.

MSHHS will collect the following personal information:

- First name, surname, date of birth and demographic information.
- Telephone number/s.
- Residential and delivery addresses.

- Concession card details.
- Details of other support funding received.
- Contact details of nominated contact person/s.
- Information related to your eye condition necessitating the supply of spectacles.

Not providing requested information may result in your application for aids/equipment being rejected or the approval of the aids/equipment being delayed while the required information is collected. Your personal information will be securely stored and only accessible by authorised employees of Queensland Health/MSHHS. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [health.qld.gov.au/global/privacy](http://health.qld.gov.au/global/privacy).

Your personal information may be shared with others directly involved in the provision of MASS services, including:

- The Optometrists/Dispensing Agents/Ophthalmologists completing your application for their records of the selection of the most suitable spectacles/lenses for your needs.
- The supplier of the requested spectacles.
- Other person/s nominated as a contact person on your application if required to act on your behalf

Our contracted service providers also observe strict personal information management requirements. To provide services in a timely manner, the most appropriate communication method will be used to share your information including telephone, email, secure data transfer and post. Your information will not be disclosed to other third parties without your consent for any unrelated purpose unless the disclosure is authorised or required by or under law. If you do not wish for us to share your information with a person or organisation, you can ask us not to share it.

At any time during the application process or the use of the funded items, you may withdraw your consent to the sharing of your personal information by informing MASS by email [mass@health.qld.gov.au](mailto:mass@health.qld.gov.au) or telephone on 07 3136 3636.

To understand our privacy practices more broadly, and your rights in relation to accessing and correcting your personal information, please see [health.qld.gov.au/system-governance/records-privacy/queensland-health-privacy-policy](http://health.qld.gov.au/system-governance/records-privacy/queensland-health-privacy-policy).

© State of Queensland (Queensland Health) 2026



[creativecommons.org/licenses/by/3.0/au](http://creativecommons.org/licenses/by/3.0/au)

**For more information contact:**

Medical Aids Subsidy Scheme

PO Box 281

Cannon Hill QLD 4170 Australia

tel (07) 3136 3696

[MASS-Spectacles@health.qld.gov.au](mailto:MASS-Spectacles@health.qld.gov.au)

[www.health.qld.gov.au/mass](http://www.health.qld.gov.au/mass)