

# Vehicle Options Subsidy Scheme (VOSS) Subsidy Application for Drivers

(This form is for use by clients applying for subsidies through VOSS)

**MASS  
40  
Driver**

The Vehicle Options Subsidy Scheme (VOSS) is aimed at enabling people with a disability, their families and carers to participate further in social and economic opportunities in their community by providing a package of funding options to meet their vehicular access needs.

This application is for subsidy funding towards purchase and/or modifications to a vehicle to enable a person with disability to be the operator. Driver training subsidy funding (up to maximum limit) for the eligible client to work with a suitably qualified professional to learn to drive a modified vehicle may also be considered.

## Checklist prior to commencing this prescriber application

- Eligibility for VOSS is determined by the Department of Communities, Child Safety and Disability Services (DCCSDS) during their intake and assessment process. Has the applicant undertaken this process with DCCSDS and been issued with a BIS number. If yes, please continue. If no, please contact DCCSDS to begin the intake and assessment process for the applicant.
- The applicant has contacted MASS and received a list of prescribers.
- The prescriber has registered their professional details with VOSS and have agreed to participate in the VOSS process.
- The applicant has been advised that VOSS funding can only be accessed for private use of a vehicle and not for commercial/business purposes.
- The applicant has been informed that VOSS provides a limited subsidy toward the overall cost of setting up specific vehicle access options and that this application does not guarantee approval to access this funding.
- The applicant has been made aware that payment of the Prescriber Subsidy Funding (subject to available subsidy limits) has been requested for services and consultations regarding this application (if applicable).

## Checklist prior to submitting this prescriber application

- The application has been completed in full.
- A quote has been attached for the requested vehicle purchase and/or modifications.
- The Registered VOSS Modifier (RVM) has deemed the vehicle to be suitable for modification.

## 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 *Health Services 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 who 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  
PO Box 281, Cannon Hill Qld 4170  
Telephone: 3136 3663 Fax: 1300 362 276  
Email: MASS-VOSS@health.qld.gov.au  
Website: www.health.qld.gov.au/mass

# Vehicle Options Subsidy Scheme (VOSS) Subsidy Application for Drivers

## 1. Applicant Personal Details

Title		Surname		Given Name	
Date of Birth				Age	
Permanent Residential Address				Postcode	
Phone				Mobile	
Email 1				Email 2	
Height		cm		Weight	kg
BIS #				MASS UR #	
Does the applicant identify with Aboriginal descent?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant identify with Torres Strait Islander descent?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country of Birth:			Language spoken at home:		

## Applicant Information

Date of off-road assessment		Date of on-road assessment	
If on-road assessment has not been completed, provide reason:			
Medical and Disability history (list current medical conditions and diagnoses):			
Medication:			
<input type="checkbox"/> Current medication has been reviewed, side effects considered, and discussed with medical practitioner as relevant.			
What is the applicant's current primary means of transport?			
Other relevant background: (Family history, carer arrangements, living situation, vehicle or modifications history, link with other support networks, guardianship details and cultural or ethnic background)			

# Vehicle Options Subsidy Scheme (VOSS)

## Subsidy Application for Drivers

### 2. Prescriber Assessment

#### Vehicle transfers

<input type="checkbox"/> Independent <input type="checkbox"/> Independent with aids or setup <input type="checkbox"/> walker/frame <input type="checkbox"/> slideboard <input type="checkbox"/> transfer seat <input type="checkbox"/> other Details: _____ <input type="checkbox"/> Assisted <input type="checkbox"/> minimum <input type="checkbox"/> moderate <input type="checkbox"/> maximum <input type="checkbox"/> Dependent	<input type="checkbox"/> Transfer method <input type="checkbox"/> slide/side <input type="checkbox"/> stand/pivot <input type="checkbox"/> personal hoist <input type="checkbox"/> access seated in wheelchair Details: _____ <input type="checkbox"/> Other Details: _____
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#### Mobility

<input type="checkbox"/> Walks independently <input type="checkbox"/> Manual wheelchair carer assisted <input type="checkbox"/> minimum <input type="checkbox"/> moderate <input type="checkbox"/> maximum <input type="checkbox"/> Walks with aid <input type="checkbox"/> single point stick <input type="checkbox"/> wheeled walking aid <input type="checkbox"/> Other: _____	<input type="checkbox"/> Manual wheelchair self propelled <input type="checkbox"/> Power wheelchair <input type="checkbox"/> Mobility scooter <input type="checkbox"/> Other: _____
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#### Licence

Does the applicant have a current Queensland Drivers Licence?  Yes  No

If no, provide details:

<b>Type:</b> <input type="checkbox"/> L Learner's Licence <input type="checkbox"/> P Provisional or Probationary Licence <input type="checkbox"/> P1 or P=2 Provisional Licence <input type="checkbox"/> O Open Licence	<b>Class:</b> <input type="checkbox"/> C -Car <input type="checkbox"/> Other Details: _____
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#### Condition:

A -Automatic transmission  
 M -Medical Certificate - details: \_\_\_\_\_  
 S -Corrective lenses  
 V - Adapted or fitted with driver aids - details: \_\_\_\_\_  
 Other - details: \_\_\_\_\_

#### Vision Screen

Adequate for driving  
 Not adequate for driving  
 Referral completed for further assessment

Outcome:

#### Hearing Screen

Outcome:

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## Prescriber Assessment cont.

### Postural Control

Adequate for driving     Not adequate for driving

### Balance and Equilibrium

Adequate for driving     Not adequate for driving

### Neck and Trunk

Adequate for driving     Not adequate for driving

### Lower Limb Function

Adequate for driving     Not adequate for driving

Comments:

### Upper Limb Function

Adequate for driving     Not adequate for driving

Comments:

### Communication

a) Describe the applicant's method of communication (if applicable):

### Cognition and Information Processing

Adequate for driving     Not adequate for driving

Comments:

### Other considerations

Describe any psychological factors, medical conditions, skin integrity requirements etc, which could impact on clients transport needs.

### Outcome of assessment (Please list identified issues)

### Recommendations

# Vehicle Options Subsidy Scheme (VOSS) Subsidy Application for Drivers

### 3. Financial Considerations

- a) Does the applicant or their family/carer have a history of vehicle ownership?  
 Yes  No (ensure the associated costs of vehicle ownership have been discussed)
- b) Does the applicant need to raise money to afford this specialised vehicle?  Yes  No  
 If yes, list how this is being arranged:  
 Private fund raising efforts  Bank loan  
 Money gift from family member  Charity or organisational donation  
*Please ensure fund raising target has been reached prior to submission of VOSS application.*
- c) Does the applicant have an entitlement for other government, insurance or compensation funding that will contribute to the cost of vehicle modifications?  
 Yes (VOSS application may not be approved depending on details of this entitlement)  
 Details: \_\_\_\_\_  
 No

### 4. Disability Specific Vehicle Considerations

- a) What disability related vehicle needs are relevant for this applicant? (tick all that apply)  
 Vehicle occupant transfer equipment to access drivers seat  
 Physical access for driver control of the vehicle  
 Mobility aid transfer and/or stowage equipment  
 Transportation as a wheelchair occupant / driving vehicle from wheelchair  
 Additional training in driving using a modified vehicle (driving lessons)  
 Other: \_\_\_\_\_
- b) Does the applicant have any condition or use equipment that restricts their ability to use a regular seat belt in the way it was intended?  
 Yes, I will support the GP in writing a medical exemption to be carried by the applicant at all times during vehicle travel.  
 No

c) Details of existing vehicle modifications:

d) Modification/Accessory trials and justifications?

Equipment make/model	Length of trial	Pros and Cons of equipment for applicant
1.		
2.		
3.		

If unable to trial, provide the reason, and describe how you have determined the equipment will meet the applicants private transport needs:

# Vehicle Options Subsidy Scheme (VOSS) Subsidy Application for Drivers

## 5. Vehicle Suitability

a) Does the applicant currently have access to a vehicle that would be suitable to modify?

**Yes, complete below and proceed to section 7**

- Vehicle modifier has confirmed suitability of vehicle:  Yes  No
- Name of registered owner: \_\_\_\_\_
- Make and model: \_\_\_\_\_
- Year: \_\_\_\_\_
- Odometer reading: \_\_\_\_\_
- A copy of the latest vehicle registration renewal notice is attached:  Yes  No

**No** The current vehicle has been deemed unsuitable to be modified or there is no current vehicle for applicant to use – *proceed to next question (5b)*

b) What was the result of investigating/trialling suitable vehicles? (if answered 'No' above)

Vehicle make/model (length of trial or method of trial)	Pros and Cons of vehicle for the applicant
1.	
2.	
3.	

## 6. RVP Recommendations

- Prescriber subsidy (please obtain applicant permission to receive prescriber subsidy for this application as per section 9. Applicant Declaration)
- Vehicle modification subsidy                       Vehicle purchase subsidy  
 Pre-modified vehicle subsidy                       Driving lessons

### a) Vehicle Modification

Type of Modification	Justification for modification:

Confirm suitability of modifications (tick all relevant boxes)

- Registered VOSS Modifier has confirmed modifications meet all the relevant standards and regulations.
- Modifications are suitable for applicant's current or proposed vehicle.
- For hoist to transfer applicant or mobility device, safe working limit of hoist is adequate.

*Please attach a detailed quote from Registered VOSS Modifier (RVM) that specifies the chosen vehicle and modifications*

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## b) Vehicle Purchase

Vehicle details suitable for purchase

- Make and model: \_\_\_\_\_
- Year: \_\_\_\_\_
- Vin # \_\_\_\_\_
- Odometer reading: \_\_\_\_\_
- Currency/supply of registration \_\_\_\_\_

Confirm suitability of vehicle (tick all relevant boxes)

- Meets clients transportation needs
- Meets carers needs
- Suitable for transfers or access to mobility device
- Suitable for storage of mobility device
- Appropriate for installation of recommended modification
- Other (please detail)

\_\_\_\_\_  
\_\_\_\_\_

(Please attach a detailed quote from a registered vehicle seller including above information)  
If applicant already owns private vehicle please ensure all relevant details are listed in section 5a.

## c) Driving Lessons

Number of lessons recommended: \_\_\_\_\_  
Goal of driver remediation program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Other Considerations

Describe reasons for prioritising this application (if applicable):

Are there any exceptional circumstances?  
 Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Vehicle Options Subsidy Scheme (VOSS) Subsidy Application for Drivers

## 8. Applicant Declaration

- I declare that all the information I have supplied on this application is true and correct to the best of my knowledge.
- I agree that any vehicle purchased/modified with this VOSS subsidy will be for private use only and not for commercial/business purposes.
- I agree to enquiries being made by MASS and the liaison with other agencies and services for the purpose of obtaining information to best meet my needs and for the purposes of eligibility and assessment for the requested vehicle purchase and/or modifications.
- I agree to the use and disclosure of my personal information, provided that it is necessary and relevant for the purpose of assisting me with the provision of vehicle purchase and/or modifications.

### Prescriber Subsidy

VOSS Prescriber Subsidy covers the cost of a registered therapist to assist the client in completing the FULL VOSS application process. Please be aware that once an eligible client's funding limit has been exceeded, any outstanding prescriber cost will require payment by the client.

**I am aware \$\_\_\_\_\_ of Prescriber Subsidy Funding is being claimed by the Prescriber for this application**

- Yes     No

**Do you agree to the prescriber below accessing the Prescriber Subsidy Funding at time of application?**

- Yes     No

### Applicant Signature

	<b>Date</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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## 9. Prescriber Details

Name			
Organisation			
Phone Number		Email	

Do you wish to apply for VOSS Prescriber Subsidy for services rendered to this client?

*\*subject to available subsidy limits for applicant*

- Yes     No

Please submit a quote with application. This will paid upon receipt of signed Tripartite Agreement.

### Prescriber Checklist

Have you:

- retained a copy of the full application for your reference?
- provided an accurate quote/s, accurate specification form (where relevant) and full clinical justification for the prescribed vehicle purchase and/or modification?
- completed and attached the checklist for wheelchair accessible vehicles (if relevant)?

### Prescriber Declaration

- I certify that the information contained in this application is in accordance with the VOSS Guidelines.
- I certify the applicant has been made aware that payment of the Prescriber Subsidy Funding (subject to available subsidy limits) has been requested for services and consultations regarding this application (if applicable).

### Prescriber Signature

	<b>Date</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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