



(Affix identification label here)

**Acknowledgements and Obligations**  
**Palliative Care Equipment Program**

Family name:

Given name(s):

Date of birth:

Gender:  M  F  I

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

**Equipment Loan Agreement and Information Sheet**

MASS Palliative Care Equipment Program (PCEP) provides loan equipment to approved eligible applicant's, to enable care in the home environment. In order for PCEP to continue providing assistance to all eligible Queenslanders at their end of life, it is important that this equipment is returned to MASS or the hire supplier when it is no longer required.

It is a mandatory requirement that the applicant provide the details of a 'nominated support person' or organisation, who will be responsible for the delivery, care of and collection of the approved loan equipment. Where the name of an organisation is provided, an authorised agent must complete this form.

**PLEASE READ AND ACKNOWLEDGE:**

- The equipment loan period is for a maximum of six (6) months.** An extension request must be submitted to MASS by your therapist AT LEAST one month prior to the loan end date. Where an extension is approved, it is for an additional six (6) months. The total PCEP equipment loan period is for a maximum of twelve (12) months.
- Equipment replacement costs or hire fees will be transferred from PCEP to the applicant and/or nominated support person in the following instances:
  - The PCEP funding timeframe has ceased, and applicant has not transferred to alternate or private funding supports;
  - Loan equipment is unable to be collected by MASS or the hire supplier;
  - The loan equipment shows damage that is not due to standard wear and tear;
  - The loan equipment has been disposed of or donated to other organisations without permission from MASS or the hire supplier.

**PCEP Applicant Details – All Fields Mandatory**

Name		Date of Birth
Address		
Suburb / town	Post code	Telephone

**Applicant Nominated Support Person/Organisation – All Fields Mandatory**

Name	Relationship to Applicant
Organisation (where applicable)	
Address	
Suburb / town	Post code
Email	Telephone

- I acknowledge that I:
  - Understand the terms of PCEP assistance as per the PCEP Guidelines
  - Agree to the responsibilities of accepting the PCEP loan equipment for the applicant noted above
  - Understand that the loan equipment must be returned to MASS or the hire supplier when no longer required.
  - Agree to take over hire costs should the applicant become ineligible for PCEP assistance or pay the replacement costs for equipment that is not returned to MASS or the third party hire supplier.

Signature of nominated support person or authorised agent from organisation	Date
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**Upload to MASS-eApply or Submit completed form to a MASS Service Centre**

**Email:** [MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au) PO Box 281, Cannon Hill Qld 4170 Telephone: 07 3136 3545

DO NOT WRITE IN THIS BINDING MARGIN

