

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

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

**MASS  
40  
Passenger**

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 eligible persons travel as a passenger in a vehicle operated by a family member or carer.

## 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 Passengers

## 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:	

## Carer Details

Title	Surname	Given Name	
Relationship to applicant			
Permanent Residential Address		Postcode	
Phone		Mobile	
Email 1		Email 2	

## Aternate Contact Person #1

Title	Surname	Given Name	
Relationship to applicant			
Permanent Residential Address		Postcode	
Phone		Mobile	

## Aternate Contact Person #2

Title	Surname	Given Name	
Relationship to applicant			
Permanent Residential Address		Postcode	
Phone		Mobile	

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## Applicant Information

Date of initial assessment:

Medical and Disability history (list current medical conditions and diagnoses):

What is the applicant's current primary means of transport?

What are the key issues regarding the (un)suitability of this current means of transport?

What would the applicant like to change about current means of transport?

What would the person like to be different?

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)

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## 2. Prescriber Assessment

### Communication

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

b) Are there any special vehicle considerations related to limitations in communication?  
(e.g. a need to sit in line of sight for supervision):

### Posture Balance and Mobility

a) Describe the applicant's postural control and needs for postural support:

b) Describe the applicant's ability to mobilise around the home and in the community:

c) What type of mobility aids or equipment are used (if any)?

d) Describe the transfer methods used getting in and out of a private vehicle and why any difficulties occur:

e) Describe the applicant's endurance for vehicle travel:

### Cognition and Information Processing

a) Describe the applicant's attention, sensory perception, orientation and memory with regard to being able to access private vehicle travel in the community:

b) Describe the applicant's ability to follow instructions, prompts and routines with regard to being able to access private vehicle travel in the community (e.g. Is this person able to cope with a change in routine?):

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## Prescriber Assessment cont.

### Cognition and Information Processing

c) Is this person's ability to understand issues of safety compromised?

### Manipulation

a) Describe the manipulation abilities of the person with reference to vehicle tasks, if relevant:

Opening and closing doors:	
Vehicle transfer:	
Application and release of a seatbelt:	
Stowage and retrieval of aids:	

### Psychological Aspects

a) Are there emotional factors that interfere with vehicle travel?  
(e.g. anxiety or distress)

### Health Needs

a) Describe any health related needs that may impact on vehicle options? (e.g. nutritional needs, oxygen):

b) How is skin integrity protected and pressure injury prevented when accessing vehicles and going out in the community, if applicable? (e.g. pressure care cushions, protective clothing)

c) Describe how the person maintains their continence for vehicle travel and community outings, if applicable?

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## 3. Contextual Considerations

a) Are there any aspects of the physical or built environment that limit vehicle options?  
(e.g. size of the garage, space for transfers, protection from weather)

b) Are there any sensory features of the physical environment that impact on the applicant's ability for vehicle travel?  
(e.g. heat, glare, sound, light, visual stimulation)

c) Does the applicant require an attendant carer for vehicle travel?  
 Yes If yes, please outline the role of the carer  No

d) Are there particular needs for the carer/s when considering vehicle options?

e) Please outline any history of carer injury related to vehicle travel?

f) Is public transport (buses, trains, taxis) an option available to the applicant within their community?  Yes  No

g) Please describe the applicant's capacity for using public transport?

h) Please outline why public transport doesn't suit all the applicant's needs?

## 4. 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 fundraising efforts  Bank loan  Money gift from family member  Charity donation

Organisational funding - please detail \_\_\_\_\_

*Please note that provision of NGO funding may impact on a client's eligibility for VOSS subsidy funding.  
Please ensure fundraising target has been reached prior to submission of VOSS application.*

c) Is the applicant expecting to reduce travel related costs as a result of having a private vehicle to use? (e.g. daily taxi fares)  Yes  No

d) 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 possible depending on details of this entitlement)

Please detail: \_\_\_\_\_

No

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## 5. Disability Specific Vehicle Considerations

a) What disability related vehicle needs are relevant for this applicant? (Tick all that apply).

- Vehicle occupant transfer equipment
- Vehicle seating/positioning equipment
- Mobility aid transfer and/or stowage equipment
- Transportation as a wheelchair occupant
- Other: \_\_\_\_\_

b) What was the result of investigating/trialling passenger equipment/modifications?

Equipment make/model (length of trial or method of trial)	Pros and Cons of equipment for person
1.	
2.	
3.	
4.	

c) Does the person have any condition or use equipment that restricts their ability to use a regular seatbelt 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

## 6. 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 checked it over and indicated it is suitable:  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 (6b)*

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## 6. Vehicle Suitability

b) What was the result of investigating/trialling vehicles? (if answered No in section 6a):

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

## 7. RVP Recommendations

### a) Vehicle Modification

Type of modification: <i>Please attach a detailed quote from the modifier that specifies the chosen vehicle and modifications</i>	Registered Voss Modifier (RVM):	Justification for modification:

### b) Vehicle Purchase

Vehicle details suitable for purchase

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

Why is this vehicle suitable (please provide specific details)?

(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 6a.

## 8. Other Considerations

Describe reasons for prioritising this application (if applicable):

Are there any exceptional circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:



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## 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.

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

- Yes     No

## Applicant Signature

	<b>Date</b> <input style="width: 100%; height: 20px;" type="text"/>
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## 10. 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 an invoice with application. This will be 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?

## 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> <input style="width: 100%; height: 20px;" type="text"/>
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