

## Application Information Sheet

The person who is applying for registration (the applicant) should retain this section for their records. Medical Aids Subsidy Scheme's (MASS) Queensland Artificial Limb Service (QALS), is the administrative service responsible for the provision of definitive prosthetic services to amputees eligible under the Queensland Government's "Artificial Limb Scheme" (ALS) for basic day to day mobility. QALS provides administration support for prosthetic services under the "Rehabilitation Appliances Program" (RAP) for the Department of Veterans' Affairs (DVA) and for interim services at selected hospital and health services in Queensland.

Applicants wishing to apply for funding for prosthetic services through QALS / DVA must be assessed and deemed competent and suitable to use a prosthetic limb by a Rehabilitation Specialist prior to completing a registration application.

### Eligibility - Artificial Limb Scheme Funding

Administrative eligibility for funding under the 'Artificial Limb Scheme' is dependent upon the below:

- Applicant must be 65 years of age or older;
- The applicant must hold current and open resident (Green) Medicare Card in their name;
- The applicant is an Australian Citizen; hold a permanent residency visa; or be a holder of a protected special category visa;
- The applicant must be permanently residing in Queensland, with proof of residency.;
- The applicant is not obtaining prosthetic funding support or services from another Government agency or service (State / National or Overseas); insurance agency; private industry; sponsorship agreements; personal or industry donations; or not-for-profit organisations;
- Successfully completed an interim rehabilitation program.
- Applicants who are undertaking legal proceedings for compensation relating to their limb loss may be eligible for temporary funding support under QALS while their case is under consideration. However, once the proceedings are complete a full reimbursement to QALS for all costs incurred will be required.
- Applicants who have received compensation are not eligible for funding for prosthetic services until an identified period of time and all funds identified in their future medical and prosthetic needs is expended. Proof of receipts of expenditure must be submitted with application.

### Eligibility – DVA Funding

The applicant must hold a DVA Gold Card for funding under the Rehabilitation Appliances Program (RAP). White Card holders may be eligible if amputations are related to DVA's accepted war-caused disabilities;

### Eligibility – Interim Hospital and Health Service

Refer to Artificial Limb Scheme / DVA funding, eligibility also extends to includes persons who are under 65 years old, persons not living in Queensland and yellow Medicare card holders, and non-protected special category visa. Registration through the interim program for these applicants is only temporary until the completion of their interim program. Applicants who do not meet Artificial Limb Scheme or DVA eligibility will need to register with their own state funding scheme or the National Disability Insurance Scheme (NDIS) if they are under 65 upon completion of the interim rehabilitation program for their definitive and ongoing prosthetic funding.

### How to Apply

Submit a completed registration application. To confirm eligibility, an applicant must provide a copy of their Medicare Card and/or DVA card, Citizenship or visa and proof of residency to their application. Clinical eligibility (prosthetic clearance and mobility assessment) will need to be provided by an amputee clinic or by release of information/history of prior use for applicant's transferring to QALS.

## Applicant Acknowledgement

**I confirm that:**

- 1** Information on this form may be shared with nominated health professionals to assist with the provision of my prosthetic funding and services;
- 2** I am entitled to select a prosthetic service provider (PSP) that I will like to obtain definitive prosthetic limbs and services from and may change in the future if desired. If I recently have received a prosthetic limb or major prosthetic service, or one is being manufactured, I may need to wait until the associated warranty period has passed, I understand if I am undergoing an interim rehabilitation program I can only choose a provider contracted with the hospital and health service to provide interim prosthetic services.
- 3** I will be responsible for any travel and parking expenses incurred for appointments and to receive my prosthetic services
- 4** Repeated failure to attend appointments may result in the suspension of provisions or cancellation of pending prosthetic work;
- 5** The possible cost implications that I may incur as a result of QALS policy or funding if I exceed the QALS funding limits;
- 6** Prosthetic limbs and components that are not funded by QALS or DVA, are non-standard or partially funded are my responsibility for the cost, maintenance, repair and replacement.
- 7** Wear and use of their prosthetic limb, funded fully or partially by QALS or DVA is at their own risk;
- 8** I am not obtaining prosthetic funding support or services from another Government agency or service (State / National or Overseas); insurance agency; private industry; sponsorship agreements; personal or industry donations; or not-for-profit organisations;
- 9** If a WorkCover, third party, public risk or any other form of compensation or insurance claim apply for injuries for which assistance from QALS, MASS, Queensland Health is requested the applicant will need to complete a statutory declaration and agreement to repay prior to receiving funding approval and will need to repay MASS the cost of services funded, should they obtain damages for injuries from any past, present or future claim/s. The applicant will need to advise MASS of the progress of their claim to damages. This may be in the form of written communication to MASS from their legal representative. The applicant will need to provide authority to MASS to write to and provide information to their legal representative.

**I acknowledge that the prosthetic services provided by QALS are:**

- 10** For basic, day to day activities and mobility;
- 11** Annual funding limits apply to all services funded through QALS and are expected to last the warranty periods and expected-periods-of-use.
- 12** remain the property of QALS unless advised by QALS in writing;
- 13** I acknowledge that QALS accepts no liability for any injuries incurred in use of a prosthetic limb, or for loss or damages attributed to the use or misuse of a prosthetic limb.
- 14** I accept that QALS will not fund repair or replacement of prosthetic limbs or components that are damaged due to lack of care; misuse or negligence
- 15** I accept that QALS will not fund repairs to expired prosthetic limbs or components
- 16** Under no circumstance will I attempt to adjust, repair or alter the prosthetic limb which could in any way affect the fit or function of the prosthesis
- 17** All repairs and/or adjustments to a current prosthetic limb provided by QALS will be undertaken by my PSP.
- 18** I will use my prosthesis in the manner and circumstances it was designed for.
- 19** I will pay due care and attention to the maintenance and cleanliness of the prosthetic limb and componentry as per care and cleaning methods provided by the component manufacturers and prosthetic service provider.



# Registration with QALS

**I agree to:  
QALS/MASS**

- 20** notify QALS/MASS should I cease to be able to use a prosthetic limb safely and effectively
- 21** use my prosthetic limb within the conditions of QALS and my PSP
- 22** inform QALS within 14 days of any change in my residential address; eligibility for QALS funding assistance or commence a compensation claim or receive a compensation payment for my limb loss;

## MASS Privacy Statement

**YOUR PRIVACY:** The Queensland Health, Medical Aids Subsidy Scheme (MASS), Queensland Artificial Limb Service (QALS), 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 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.

## Applicant Checklist

Have you:

- Attached a copy of your Medicare Card and/or DVA gold card?
- Attached a copy of your Australian Citizenship or visa?
- Attached a copy of your proof of residency? e.g. front and back of a driver's license, rental agreement, utility bill
- Settled compensation claims only: a list and/or receipts of prosthetic expenditure

## Email, Post OR Fax completed forms to a MASS Service Centre

Email: [QALS@health.qld.gov.au](mailto:QALS@health.qld.gov.au)  
Website: [health.qld.gov.au/mass](http://health.qld.gov.au/mass)

Fax: 07 3136 3650  
Phone: 07 3136 3660

Post: PO Box 281, Cannon Hill QLD 4170

## OFFICE USE ONLY

Details and Eligibility Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	MASS Officer:
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**Registration Application**

Part A - Applicant Details			
<b>Title</b>		<b>Family Name</b>	
<b>Given Name(s)</b>		<b>Preferred name</b> <input type="checkbox"/> First name <i>or specify</i>	
<b>Date of Birth</b> (DD/MM/YYYY)		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex or Other	
<b>Residential Address</b>			
<b>Suburb/Town</b>			<b>Post Code</b>
<b>Postal Address</b> <input type="checkbox"/> Same as residential address			
<b>Suburb/Town</b>			<b>Post Code</b>
<b>Telephone</b>		<b>Mobile</b>	<b>Email</b>
<b>Country of Birth</b> <input type="checkbox"/> Australia <input type="checkbox"/> Other – Please Specify:		If other, date moved to Australia:	
<b>Australian Residency Type</b> <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Protected Special Category Visa <input type="checkbox"/> Special Category Visa <input type="checkbox"/> Permanent Residency Visa <input type="checkbox"/> Other – Please Specify:			
<b>Medicare Card Number</b>		<b>Card Type</b> <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue	
<b>Department of Veterans' Affairs Card Number</b>		<b>Card Type</b> <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Orange	
<b>Is the applicant registered with or receiving assistive technology through another funding body or service? (e.g. NDIS, NIISQ or other state equivalent, Palliative Care Services, Transition Care, My Aged Care etc)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify type of other assistance:			
Part B - Carer Details			
<b>Title</b>		<b>Given Name</b>	<b>Family Name</b>
<b>Telephone</b>		<b>Mobile</b>	<b>Email</b>
<b>Postal Address</b>		<b>Suburb/Town</b>	<b>Post Code</b>
<b>Relationship to applicant</b>			
Part C - Applicant Prosthetic Details			
<b>Have you previously used a prosthetic limb?</b> <input type="checkbox"/> No – I am starting the interim rehabilitation program. <input type="checkbox"/> Yes – <input type="checkbox"/> Interim Prosthesis Through Hospital <input type="checkbox"/> Definitive Prosthesis			
<b>If you have previously used a prosthesis:</b>			
1. Have you previously self-funded or received funding for Prosthetic limbs by WorkCover, third party, public risk or any other form of compensation or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details:		2. Are you transferring from another state or country funding scheme (e.g. Enable NSW, NDIS)? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details:	
<b>Chosen QALS Prosthetic Service Provider (PSP) Name</b>			



<b>Part D – Applicant’s Amputation or Limb Deficiency Details</b>			
<b>Level and Side of Amputation / Limb Deficiency</b>			
1. Level	<input type="checkbox"/> Left <input type="checkbox"/> Right	3. Level	<input type="checkbox"/> Left <input type="checkbox"/> Right
2. Level	<input type="checkbox"/> Left <input type="checkbox"/> Right	4. Level	<input type="checkbox"/> Left <input type="checkbox"/> Right
<b>Cause of Amputation or limb deficiency</b>			
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Medical Negligence	<input type="checkbox"/> Traumatic – Accident or injury in:	
<input type="checkbox"/> Congenital (Birth)	<input type="checkbox"/> Neoplastic	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Workplace Accident <input type="checkbox"/> Motor Vehicle	
<input type="checkbox"/> Infection	<input type="checkbox"/> Neurogenic	<input type="checkbox"/> Traumatic – Other:	
<b>Part E – Compensation Information</b>			
<b>Does a WorkCover, third party, public risk or any other form of compensation or insurance claim apply for injuries for which assistance from Queensland Artificial Limb Service, Medical Aids Subsidy Scheme is requested?</b>			
<input type="checkbox"/> No - Please specify why compensation was not pursued below			
<input type="checkbox"/> I am not eligible - amputation caused by illness or disease, skip to Part F			
<input type="checkbox"/> I am not eligible, other party was not responsible, skip to Part F			
<input type="checkbox"/> Other – <input type="text" value="Please provide reason"/>			
<input type="checkbox"/> Yes – Please provide details of action below:			
<input type="checkbox"/> Action is being pursued, please provide details of action:		<input type="checkbox"/> Action has been settled, please provide details:	
		Date of Settlement	Amount of Settlement
I <input type="checkbox"/> have / <input type="checkbox"/> have not engaged a legal representative to act on my behalf regarding a claim for damages.			
<b>Solicitor’s Name</b>		<b>Firm’s Name</b>	
<b>Firm’s address</b>		<b>Suburb</b>	<b>Post Code</b>
<b>Telephone</b>	<b>Fax</b>	<b>Email</b>	
<b>Part F – Applicant Acknowledgement</b>			
1 I acknowledge that QALS accepts no liability for any injuries incurred in use of a prosthetic limb, or for loss or damages attributed to the use or misuse of a prosthetic limb.			
2 If I am pursuing compensation:			
a. I agree any prosthetic services funded on behalf under the Queensland Government’s ‘artificial limb scheme’ administered by the Queensland Artificial Limb Service shall be reimbursed to the Queensland Artificial Limb Service upon reaching a settlement or awarded compensation.			
b. I agree my action will include the pursuit of funds for my future prosthetic needs and these amounts will reflect the standard of service as provided, or recognised by, the Queensland Artificial Limb Service.			
c. I agree to keep the Queensland Artificial Limb Service aware of the progress of my action and advice the Queensland Artificial Limb Service when a settlement or award is imminent.			
3 I agree to provide the Queensland Artificial Limb service with the appropriate information regarding any award received for any past and/or future prosthetic services			
4 I acknowledge that my information listed in this application is current and correct.			
5 I authorise the release of my prosthetic service history and information held by any private agency and/or health service to support my application for registration with the Queensland Artificial Limb Service, Medical Aids Subsidy Scheme, Queensland Health.			
6 I agree to the conditions stated in the QALS Registration Applicant Information Sheet.			
Applicant/ Carer Signature		Print Name	Date
Witness Signature		Print Name	Date
<b>If the applicant is pursuing compensation:</b>			
Solicitor Signature		Print Name	Date