Tasmania
Explore the possibilities

tasdeaf

Visual Smoke Alarm Subsidy
Application Form - **PART A**

Please fill in **one** application form per **household**

CONTACT INFORMATION	
Name:	
Phone:	
Postal Address:	
Postcode:	
Fax:	
Mobile (SMS):	
Email:	

ELIGIBILITY QUESTIONS (please tick)	
Please note: You will need to make a $50 co-payment for each alarm received.	
Are you profoundly deaf?	☐ Yes ☐ No
Do you live in:	☐ Your own property ☐ A rental property ☐ Office of Housing accommodation (e.g. Public Housing) ☐ Disability funded accommodation (e.g. A Community Residential Unit) ☐ Other (please state): _____
What is your date or birth?	
If you are under 18, do you live independently?	☐ Yes ☐ No
Which of the following do you use in every day communication?	☐ Auslan ☐ Other Sign Language (please state): _____ ☐ Spoken English ☐ Spoken Language other than English ☐ Other (please state): _____

Please provide us with details of the occupants of your household

	Age	**Hearing Loss**	**Method of Communication**
Person 1	☐ Under 18 ☐ 18 – 24 ☐ 25 - 44 ☐ 45 - 64 ☐ 65 +	☐ Hearing ☐ Mild Loss ☐ Moderate Loss ☐ Severe Loss ☐ Profoundly Deaf	☐ Auslan ☐ Other Sign Language ☐ Spoken English ☐ Spoken Language other than English ☐ Other
Person 2			
Person 3			
Person 4			
Person 5			

To verify that you meet the eligibility criteria for this subsidy, please provide:	
One (1) reference from a service, deaf club, support or social group that sees deaf people **OR** **One (1)** written reference from **hear**service, Australian Hearing or private audiologist stating that you have a profound hearing loss or a recent (past 6 months) audiogram from an Audiology clinic.	
Are you a Health Care Card Holder?	☐ Yes ☐ No
Which of the following best describes your living situation?	☐ Living alone ☐ Living in a deaf household (a house **without** any hearing occupants) ☐ Living in a hearing household (a house with **at least one** hearing occupant) ☐ Other: _____

PART B

APPLICANT TO COMPLETE		
I _____ confirm the information I have provided is correct. (applicant name)		
Applicants Signature:		**Date:**

REFEREE TO COMPLETE - Please tick one of the following:	
Reference from a service, deaf club, support or social group that sees deaf people	☐
Reference from **hear**service, Australian Hearing or private audiologist stating that you have a profound hearing loss or a recent (past 6 months) audiogram from an Audiology clinic.	☐

STATEMENT BY AUTHORISED REFEREE	
I confirm that _____ (applicant name) is profoundly deaf and meets the eligibility criteria for the Smoke Alarm Subsidy.	
Name of Authorised Referee:	
Organisation:	
Position/Role:	
Email:	
TTY/Phone:	
Authorised Referee Signature:	

Before submitting this form to Tasdeaf, have you:

☐ Answered all questions?
☐ Provided the required references **OR** supplied information that proves your eligibility?
☐ Signed and dated this application?

Please return the completed form in the enclosed reply paid envelope.

For more information contact Tasdeaf on: Ph/TTY: **6228 1955**
Fax: **6228 1966** or SMS: **0418 341 373**