



ALARM SUBSIDY SCHEME - APPLICATION FORM

YOUR PERSONAL INFORMATION

APPLICANT'S NAME	
PARENT/GUARDIAN'S NAME <small>(if applicant is under the age of 18)</small>	
APPLICANT'S DATE OF BIRTH	
POSTAL ADDRESS & POSTCODE	
PHONE OR MOBILE NUMBER	
FAX AND/OR EMAIL	

I WANT TO APPLY FOR:	Full Cost	Subsidy	Apply (tick)
BABY CRY ALARM KIT 1 <small>(Baby Monitor, Pager Receiver, Pager Charger and Bed Shaker)</small>	\$699	\$150	
BABY CRY ALARM KIT 2 <small>(Baby Monitor, Flashing Strobe Light and Bed Shaker)</small>	\$459	\$150	
SMOKE ALARM KIT	\$420	\$50	

NOTE: To receive a Smoke Alarm Kit, you need to make a \$50 co-payment. If it is difficult for you to meet this cost, please contact Sally Normington at snormington@vicdeaf.com.au for solutions.

NOTE: To borrow a Baby Cry Alarm Kit, you need to make a \$150 co-payment. If it is difficult for you to meet this cost, please contact Sally Normington at snormington@vicdeaf.com.au for solutions.

NOTE: Did you know you can apply for **more than one smoke alarm per household**. For example, five profoundly deaf people live together can have five smoke alarms in the same house.

NOTE: All Baby Cry Alarm Loan kits do not need to be installed by an electrician: **simply plug into your power outlet.**

BACKGROUND INFORMATION (must complete all questions)	
Do you have cochlear implant(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has someone else living in your house applied for a smoke alarm subsidy before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please provide the name of this person: _____
Do you live in:	<input type="checkbox"/> Your Own Property <input type="checkbox"/> A Rental Property <input type="checkbox"/> Office of Housing accommodation (e.g. Public Housing) <input type="checkbox"/> Disability funded accommodation (e.g. A Community Residential Unit) <input type="checkbox"/> Other (please state): _____
Which of the following best describes your living situation?	<input type="checkbox"/> Live in a deaf household (no hearing occupants) <input type="checkbox"/> Live in a hearing household (at least 1 hearing occupant) <input type="checkbox"/> Live alone <input type="checkbox"/> Other: _____
Which of the following do you use in every day communication?	<input type="checkbox"/> Auslan <input type="checkbox"/> Other Sign Language (please state): _____ <input type="checkbox"/> Spoken Language other than English <input type="checkbox"/> Spoken English <input type="checkbox"/> Other (please state): _____
Is this a <u>replacement</u> smoke alarm kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Health Care Card or Pension Card Holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving services through the National Disability Insurance Scheme (NDIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving a Commonwealth Government Home Care Package?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Home and Community Care services through your local Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT'S ROLE AND RESPONSIBILITIES

BABY CRY ALARM LOAN SCHEME	
The Baby Cry Alarm Loan Scheme is part of the State Government's Victorian Aids and Equipment Program. As a client, you are responsible for the following. Please agree to all the conditions below in order to receive your baby cry alarm kit below.	
I understand that the kit is on loan from Vicdeaf for 12 months from the date of issue.	<input type="checkbox"/> I agree
I understand I must give back the alarm kit in good working order (in box with instructions).	<input type="checkbox"/> I agree
I understand that the \$50 deposit will be given back to me when I give back the alarm kit in good condition (that the alarm is not broken, damaged or returned late).	<input type="checkbox"/> I agree
I understand that if I break or damage the alarm kit that I will not get the \$50 back.	<input type="checkbox"/> I agree
I understand a late return fee of \$5 per day will be taken from my \$50 for every day I am late in giving back the alarm kit.	<input type="checkbox"/> I agree
I understand that I must tell Vicdeaf immediately if the alarm kit needs repairing or does not work.	<input type="checkbox"/> I agree
I, (applicant's name), _____ understand all the conditions of my responsibilities as a client of the Baby Cry Alarm Loan Scheme.	
Applicant's Signature	DATE

SMOKE ALARM SUBSIDY	
The Smoke Alarm Subsidy Scheme is part of the State Government's Victorian Aids and Equipment Program. As a client, you are responsible for the following. Please agree to all the conditions below in order to receive your smoke alarm below.	
Maintaining the alarm:	
Test the alarm weekly to ensure it is working. Please see the attached instructions on how to test the alarm.	<input type="checkbox"/> I agree
Refrain from making inappropriate use of or modification to the smoke alarm.	<input type="checkbox"/> I agree
Contact Vicdeaf <u>immediately</u> if:	
The alarm is broken or faulty for a replacement within the two year warranty period.	<input type="checkbox"/> I agree
The alarm is broken or faulty for a replacement outside of the two year warranty period. A replacement alarm can be provided for an additional \$50 co-payment.	<input type="checkbox"/> I agree
I change address or my contact details.	<input type="checkbox"/> I agree
General conditions:	
I understand that my \$50 co-payment is a non-refundable contribution to the cost of the smoke alarm, and the Victoria State Government will cover the rest of the cost, by co-paying \$420.	<input type="checkbox"/> I agree
Minimize putting any member of the public at risk through the inappropriate or negligent use of the smoke alarm.	<input type="checkbox"/> I agree
I, (applicant's name), _____ understand all the conditions of my responsibilities as a client of the Smoke Alarm Subsidy Scheme.	
Applicant's Signature or Parent/Guardian's Signature <small>(if the applicant is under the age of 18)</small>	DATE

PROOF OF PROFOUND DEAFNESS

Please choose **ONE** of TWO options and attach the **statement** to this application.

I have attached a referee letter from a Teacher of the Deaf, Audiologist, Case Manager, Vicdeaf staff, Deaf Victoria staff, Able Australia staff OR Doctor (GP) stating that I am profoundly deaf.

OR

I have attached a most recent audiogram (within the last twelve months) proving that I am profoundly deaf.

**TICK
WHEN
ATTACHED**

PROOF OF PREGNANCY OR BABY

Only for applicants wanting a Baby Cry Alarm Kit.

Please choose **ONE** of TWO options and attach the **statement** to this application.

I have also attached a copy of my child's birth certificate proving that they are under the age of 2 (two) years.

OR

I have also attached a letter from my medical practitioner (e.g. GP, Doctor, Midwife) stating that I am awaiting the birth of my child.

**TICK
WHEN
ATTACHED**

APPLICANT TO COMPLETE

I, (applicant's name) _____, confirm the information I have provided is true and correct and will immediately inform Vicdeaf if my address or contact details change.

**Applicant's Signature or
Parent/Guardian's Signature**

(if applicant is under the age of 18)

DATE

PLEASE RETURN THIS FORM AND POST TO:

Vicdeaf
Smoke Alarm Subsidy Scheme
Level 4, 340 Albert Street
East Melbourne, VIC 3002
smokealarm@vicdeaf.com.au

OFFICE USE

APPLICATION NUMBER

REPLACEMENT

PROCESSED BY