

# Smoke Alarm Subsidy Scheme

*Available at Vicdeaf*

Bed Shaker



+

Smoke Alarm



+

Flash Receiver



**\$50**

*Regular price: \$650*

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To be eligible you must be profoundly deaf\*

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Contact Vicdeaf for more information.

**Email:** [smokealarm@vicdeaf.com.au](mailto:smokealarm@vicdeaf.com.au)

**Phone:** (03) 9473 1111

**TTY:** (03) 9473 1199

*\* Profoundly deaf: a hearing loss of 90dB or more in both ears across the frequencies from 500Hz, 1000Hz, 2000Hz and 4000Hz when tested by an audiologist.*



Vicdeaf acknowledges the support of the Victoria State Government.



*Scan for more information*

# Baby Cry Alarm Loan Scheme

*Available at Vicdeaf*

**Your choice of:**

Baby Monitor



Kit 1

pager Receiver



Bed Shaker



or

Baby Monitor



Kit 2

Flash Receiver



Bed Shaker



**\$150**

*Loan term of up to 2 years  
Kit 1 regular price: \$729. Kit 2 regular price: \$527.*

## Eligibility Criteria Applies

Cash back offer of \$50 at end of loan term if terms and conditions are met.

Contact Vicdeaf for more information.

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## ALARM SUBSIDY SCHEME - APPLICATION FORM

### YOUR PERSONAL INFORMATION

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

I WANT TO APPLY FOR:	Full Cost	Subsidy	Apply (tick)
<b>BABY CRY ALARM KIT 1</b> (Baby Monitor, Flashing Strobe Light and Bed Shaker)	\$527	\$150	
<b>BABY CRY ALARM KIT 2</b> (Baby Monitor, Pager Receiver, Pager Charger and Bed Shaker)	\$729	\$150	
<b>SMOKE ALARM KIT</b> (Smoke Detector, Flashing Strobe Light and Bed Shaker)	\$650	\$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 [smokealarm@vicdeaf.com.au](mailto:smokealarm@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 [smokealarm@vicdeaf.com.au](mailto:smokealarm@vicdeaf.com.au) for solutions.

**NOTE:** 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 <b>yes</b> , 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 <b>hearing</b> occupants) <input type="checkbox"/> Live in a hearing household ( <b>at least 1</b> 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

<b>BABY CRY ALARM LOAN SCHEME</b>	
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 <b>all</b> 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
<b>I, (applicant's name), _____ understand all the conditions of my responsibilities as a client of the Baby Cry Alarm Loan Scheme.</b>	
<b>Applicant's Signature</b>	<b>DATE</b>

<b>SMOKE ALARM SUBSIDY</b>	
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 <b>all</b> the conditions below in order to receive your smoke alarm below.	
<b>Maintaining the alarm:</b>	
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
<b>Contact Vicdeaf <u>immediately</u> if:</b>	
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
<b>General conditions:</b>	
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
<b>I, (applicant's name), _____ understand all the conditions of my responsibilities as a client of the Smoke Alarm Subsidy Scheme.</b>	
<b>Applicant's Signature or Parent/Guardian's Signature</b> <small>(if the applicant is under the age of 18)</small>	<b>DATE</b>

**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  
Alarm Subsidy Schemes  
Level 4, 340 Albert Street  
East Melbourne, VIC 3002  
[smokealarm@vicdeaf.com.au](mailto:smokealarm@vicdeaf.com.au)

**OFFICE USE**

**APPLICATION NUMBER**

**REPLACEMENT**

**PROCESSED BY**