Instructions

Australian Government
Department of Health and Aged Care

Hearing Services Program

Voucher scheme – Client application

You can apply for the program online or with a service provider

If you can't, complete this form and take to a hearing services provider, or post to:

Hearing Services Program, Department of Health and Aged Care
Mail Drop Point 113
GPO Box 9848
Canberra ACT 2601

Or visit our website **www.health.gov.au/hear**

- to find out if you are eligible
- to apply online (excludes DES/ADF)
- to find a service provider
- to find out about the services.

Further information

Under 26 year olds

All young Australians under 26 years with hearing loss are eligible for fully subsidised support and devices under the community service obligations (CSO) component of the Hearing Services Program, delivered by Hearing Australia. If you are between 21-25 years of age, you can also access the voucher scheme, if eligible. This application form is only for people wishing to apply for the Voucher scheme, which is delivered by over 300 different service providers.

To find out more about CSO, contact Hearing Australia

on 131 797, or

email **info@hearing.com.au**

Disability Employment Services (DES) Program

If you are a member of the DES, your DES Case Manager will need to apply on your behalf sending the application to **hearing@health.gov.au**. Please contact your case manager to discuss this further.

National Relay Service

If you are deaf or have a hearing or speech impairment, you can contact us via the National Relay Service **www.accesshub.gov.au** or call 1800 555 660.

Looking for a hearing service provider?

You can find a list of service providers on our website **www.health.gov.au/hear** A service provider can also help you apply for the program online, which is a faster process than sending in this form (excludes DES applications).

Email **hearing@health.gov.au**

Phone 1800 500 726

Post Hearing Services Program
Department of Health and Aged Care
Mail Drop Point 113
GPO Box 9848

Check before you send us this form

- Have you provided your
  - Full name (for clients with one name, the application must be emailed to **hearing@health.gov.au**)
  - Date of birth
  - Eligibility Number
  - Postal Address
  - Email and/or phone number
- Have you read the privacy and personal information section?
- Have you signed and dated the form?
- Is the information legible?
- DES – the application must be emailed to **hearing@health.gov.au** from an approved DES provider email address.
- Australian Defence Force (ADF) – the application must be emailed to **hearing@health.gov.au** from your ADF email address.

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Section A – Your eligibility type

*** Indicates mandatory information**

If you are an Australian citizen or permanent resident 21 years or older, mark the box that relates to your eligibility

- ☐ Pensioner Concession Card holder
- ☐ Veteran Gold Card holder
- ☐ Veteran White Card holder – hearing specific conditions
- ☐ Spouse or de facto partner of a person with a concession above (provide application details in Section B and provide cardholder's details in Section C)
- ☐ Current Serving Member of the Australian Defence Force
- ☐ DES participant, referred by a DES planner

Section B – Your eligibility details

*** Eligibility number** *(CRN, DVA/PMKey, ADF or DES-JSID)*

Title | *** Given name** | Middle name

*** Family name**

☐ I have a mononym (given name only)

*** Date of birth** (DD/MM/YYYY)

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Section C – Primary card holder

(if not the applicant)

Note If you are a spouse please provide the primary card holder's details below to enable processing of the application.

Eligibility type | Eligibility number

Given name | Family name

Date of birth (DD/MM/YYYY)

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Section D – Your contact details

*** Postal address**

Postcode

Email | *** Contact phone number**

( )

Optional – Alternate contact

A person authorised to receive communication on your behalf.

Before providing information about an 'Alternative contact' please ensure they have read the 'Privacy and your personal information' section of this form and they have consented to the Department of Health and Aged Care collecting their personal information from you.

Given name

Family name

Relationship to applicant

Email

Contact phone number ( )

Postal address

Postcode

Correspondence preferences

Send correspondence to: ☐ You ☐ Alternate contact ☐ Both

Send correspondence via: ☐ Email ☐ Post

Section E – Additional Information *(optional)*

What is your gender? ☐ Male ☐ Female ☐ Other

Are you a resident of an aged care facility? ☐ Yes ☐ No

Are you of Aboriginal origin? ☐ Yes ☐ No

Are you of Torres Strait Islander origin? ☐ Yes ☐ No

Do you use a language other than English at home? ☐ Yes, which language/s? ☐ No

Section F – DES only – DES provider details

*** DES Provider name**

*** Given name**

*** Family name**

*** Email**

*** Contact phone number** ( )

Section G – Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*, and is being collected by the Australian Government Department of Health and Aged Care (department) for the purposes of:

- determining eligibility for and administering the Australian Government Hearing Services Program
- monitoring and evaluating program performance.

If you do not provide this information then the department will not be able to provide you with hearing services under the program.

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at **www.health.gov.au/hear**

By signing this form you consent to the following:

- **I consent and authorise** the department and other Australian Government agencies such as Services Australia, Department of Veterans Affairs, Social Services, Employment, Defence or the National Disability Insurance Agency to collect, store and share my information, including personal information such as name/address/payment type/payment status and concession card type and status to determine eligibility for the program.
- **I understand that:**
  - my consent will remain valid while I am a customer of the Australian Government Hearing Services Program unless I withdraw it by contacting the department.
  - if I do not consent or if I withdraw my consent, I must get the required documentation from the relevant agency and provide it to the department for the purpose of determining my eligibility for the program.
  - I may be contacted from time to time for program monitoring evaluation such as invitations to participate in surveys on my views of the program.
- If an alternate contact was provided, I authorise the department to send communications including hearing health information to them.

*** Your signature**

*** Date** (DD/MM/YYYY)

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If the applicant is unable to sign, a Power Of Attorney, guardian or equivalent can sign on their behalf.

Relationship of signer to applicant