



## Australian Thalidomide Survivors Support Program

The Australian Thalidomide Survivors Support Program (the Program) is an Australian Government program aimed at providing financial support to Australian thalidomide survivors. The Program includes a Health Care Assistance Fund (HCAF) and an Extraordinary Assistance Fund (EAF) which provides health, medical and daily living support to eligible Australian thalidomide survivors.

### Extraordinary Assistance Fund (EAF)

The Program recognises that thalidomide survivors' ability to undertake daily living activities is adversely impacted due to the nature of survivors' disabilities or impaired functional capacity. The EAF is intended to help cover the costs of goods and/or services supplied and received in Australia to assist with activities of daily living, impacted as a likely consequence of thalidomide-related injuries. This may include:

- assistance with personal domestic activities and self-care activities;
- personal aids and appliances, such as wheelchairs, scooters and hoists;
- assistive technology, such as household aids and appliances, and computer software;
- vehicle modifications, such as accessories/adaptations for driver control, car access lifter/hoist; and
- home modifications, such as necessary renovations/installations, slip resistant coatings, grab and/or guide rails and ramps.

### Health Care Assistance Fund (HCAF)

The Program recognises the health needs of survivors are relatively high and increasing. The HCAF is intended to cover the out-of-pocket health care expenses incurred in Australia that are likely associated with thalidomide-related injuries. This may include:

- health products and consumables;
- out-of-pocket pharmaceutical costs;
- out-of-pocket health service costs, including medical, surgical and allied health; and
- health-related travel and transport costs.

### Evidence required to support claims from the EAF and HCAF

Claims to the EAF and HCAF require evidence from a registered health care practitioner – i.e. a practitioner registered in one of the 15 health care professions regulated by a national board, as outlined by the Australian Health Practitioner Regulation Agency. This evidence should document:

- the health care practitioner's details, including name, address and provider number;
- the date the thalidomide survivor was assessed by the registered health care practitioner;
- the type of goods and/or services required, including, if applicable, the frequency and duration of the services; and
- the goods and/or services recommended are likely required as a result of thalidomide-related injuries.

Evidence from a registered health care practitioner must be renewed every 12 months to ensure that you continue to receive the most appropriate supports.

Further information about the Program is available on the Department of Health, Disability and Ageing website at <https://www.health.gov.au/initiatives-and-programs/australian-thalidomide-survivors-support-program>.



# Thalidomide Health Care Practitioner Evidence Form

This form should be completed and signed by a registered health care practitioner to provide evidence to support an eligible thalidomide survivor (patient) to receive support from the Extraordinary Assistance Fund (EAF) or the Health Care Assistance Fund (HCAF).

Details of the thalidomide survivor (patient)	
Family name	
Given name(s)	
Address	
Date of birth	Click or tap to enter a date.
Medicare number	____ - ____ - ____ Ref no. ____
Details of goods and/or services required by the thalidomide survivor (patient)*	
Details of the goods and/or service required by the thalidomide survivor (patient).	
Frequency and/or duration (if applicable) of the recommended goods and/or services – e.g. fortnightly physiotherapy for 6 months (Evidence is valid up to a max. of 12 months).	
Other information	
Details of the health care practitioner completing this form	
Date of consultation	Click or tap to enter a date.
Practitioner's name	
Practitioner qualifications	
Provider Number	
Place of Work - i.e. medical practice, business name, hospital name.	
Business Address	
Contact phone number	
Health care practitioner declaration and signature	
I declare the goods and/or services detailed are required as a likely result of thalidomide-related injuries.	
Name	
Signature	
Date	Click or tap to enter a date.

\*Please attach additional information to support the information provided in this form, as required. This may include a brief explanation of why the support is required as a likely result of thalidomide related injuries.