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Request for pre-approval for funding for Assistive Technology items over $15,000

ABOUT THIS FORM

Use this form to request pre-approval from the Department of Health, Disability and Ageing for funding for Assistive Technology items over $15,000 for participants with an approved Assistive Technology (AT) High Funding Tier. Providers should review the AT-HM list and AT-HM Scheme Guidelines in preparing this form, and ensure prescriptions are provided as evidence where relevant.

STEPS

1. With consent of the participant, providers attach this form, with supporting evidence to the participant's record in the ***My Aged Care Service and Support Portal*** under the document type ***AT Prescription*** and/or ***AT Quote***.
2. Provider contacts the ***My Aged Care service provider and assessor helpline*** on 1800 836 799 to have the submission validated for processing.
3. The Department advises the provider if their request has been approved via email and advises Services Australia to increase the participant's available AT High Tier funding to enable the purchase/claim.

PRIVACY

The use and/or disclosure of information collected in the course of assessing care needs and/or deciding whether to approve a person to access one or more types of Commonwealth subsidised aged care is authorised by Chapter 7, Part 2, Division 2 of the Aged Care Act 2024. See the full privacy policy at https://www.myagedcare.gov.au/privacy.

PARTICIPANT INFORMATION

Participant name	
Participant ACID	

PARTICIPANT AT NEEDS

Participant current estimated unspent HCP funds (if applicable)	$
Total **additional** funding over $15k required for item/s and wrap around services	$
Required AT item/s primary AT-HM list category	5. Communication and information management
Required AT item/s description	

DECLARATIONS

The submitting Care Partner declares that the Support at Home participant requires the AT items requested in this form.

Care Partner name	
Care Partner phone	
Care Partner email	
Provider name	