

# Medical Support Allowance

The Medical Support Allowance is only available to NT Concession Scheme members who have exceeded the concession cap (\$800 for water and \$1200 for electricity) and have, or have a dependent that has, a medical condition that directly impacts the member's household's electricity and/or water consumption. The Medical Support Allowance provides an additional \$154 that will be applied once the concession cap is exceeded. Members must be responsible for paying the water and/or electricity account to receive the Medical Support Allowance.

## Section 1 - Member's Details

Please circle: Mr / Mrs / Ms / Miss / Other ..... Membership No. ....

Given name/s ..... Surname .....

Contact phone number: ..... Email .....

Please confirm your address: .....

I am the current account holder of:

- Jacana Energy account only;      or       I use a pre-paid or token meter for electricity;
- Power & Water account only; or
- Both Jacana Energy and Power & Water accounts.

Jacana Energy Account No. .... Power & Water Consumer No. ....

*If you are not the current account holder for either of these service providers or do not use an e-meter or pre-paid token meter for electricity, then you are not eligible to apply for Medical Support Allowance.*

## Section 2 - Person with the medical condition (if different from the member)

Given name/s ..... Surname .....

Is this person your Dependent under the NT Concession Scheme?      Yes       No

Is this person living with you at the above address?      Yes       No

## Section 3 - Supporting documents

Please attach the following supporting documents:

- A. Evidence that the member is accessing the Centrelink payment, Essential Medical Equipment Payment.
- OR
- B. A letter from a medical specialist that is currently managing the condition. The letter is required to detail the member or their dependent's medical condition, and any medical equipment required, which requires greater power and water consumption.

## Section 4 - Member's Declaration

I, ..... (insert member's full name)  
solemnly and sincerely declare that:

- 1) all information provided in this form is true and correct;
- 2) I have attached the required supporting documents as detailed in section 3 of this form;
- 3) I understand that if I do not provide the appropriate supporting documentation, I will not be eligible for the Medical Support Allowance (Allowance);
- 4) I consent to the Department of People, Sport and Culture (the Department) collecting and using my personal information to determine my eligibility for the Allowance and for the administration of the Allowance;
- 5) If I have provided personal information of another individual to the Department, I warrant that I have informed the person to whom the personal information relates and that the personal information will be provided to the Department with intended use of this personal information, and that I have obtained consent from all such persons to allow the Department to use and disclose their personal information in this manner (please complete section 5 if possible);
- 6) I understand that if circumstances change that may impact my eligibility for the Allowance, I need to notify the Department and any other relevant authorities within 14 days of my circumstances changing;
- 7) I understand and agree that any Allowance paid to me during a period when I am not eligible for the Allowance may be recovered by the Department as a debt due and owing.

This declaration is true and I know that it is an offence to make a declaration that is false in any material particular.

This declaration is made at ..... (location)

Member's signature: ..... Date ...../...../.....

## Section 5 - Person with Medical Condition Consent (only if different from the member)

I, ..... (insert full name)  
consent to the Department collecting, using and disclosing my personal information to determine the member's eligibility for the Allowance and for the administration of the Allowance.

Signature: ..... Date ...../...../.....

## OFFICE USE ONLY

Please use the Medical Support Allowance Member's Eligibility Checklist

Has the membership and dependency (if applicable) been verified on PCS? Yes  No

Has the member been impacted by the electricity and / or water caps? Yes  No

Has the member provided the necessary medical evidence required? Yes  No

PCS updated

Approved

Not Approved

Checked by:

Manager: