

Disability Resource Hub Disclaimer

The material on the Disability Resource Hub is for reference only. No claim or representation is made or warranty given, express or implied, in relation to any of the material. You use the material entirely at your own risk.

The material is provided as point-in-time reference documents. FACS does not maintain the material and does not undertake to ensure that it is accurate, current, suitable or complete.

Where conditions and warranties implied by law cannot be excluded, FACS limits its liability where it is entitled to do so. Otherwise, FACS is not liable for any loss or damage (including consequential loss or damage) to any person, however caused (including for negligence), which may arise directly or indirectly from the material or the use of such material.



Aids and Equipment in Supported Accommodation (AESA) Procedures Tools and templates

Summary: The AESA Procedures Tools and templates provide resources to complete when supporting a person residing in ADHC Accommodation Support Services to apply for AESA funds to purchase aids and equipment.



Tools and templates

AESA

1. Aids and equipment needs and review checklist
2. Aids and equipment prescription template
3. Aids and equipment eligible for AESA funding
4. Aids and equipment not eligible for AESA funding
5. Aids and equipment funded through Accommodation Services
6. Aids and equipment through non ADHC funding
7. Statement of finance
8. Funding application form
9. Funding application form – continence aids
10. Application outcome
11. Notice of outcome

Aids and Equipment Needs and Review Checklist

The Aids and Equipment Needs and Review Checklist must be completed as part of the person's annual health assessment or any time the person's health or support needs change.

The checklist must be completed by a support worker who knows the person and their support needs well, endorsed by the Team Leader.

If the person is new to the service or a response has been provided in the Health, Support or Aids and Equipment sections, they may require an aid or review of an existing aid to support them to live their preferred lifestyle in a safe and healthy way.

The completed checklist must be provided to the person's GP as part of their annual health assessment or any time the person's health or needs change.

The GP may prescribe an Aid or Equipment or refer the person to a relevant Allied Health Professional (AHP) such as a Physiotherapist, Occupational Therapist or Speech Pathologist. The AHP may be an internal ADHC therapist, or mainstream public or private Health Professional.

The GP or AHP must complete the [Aids and Equipment Prescription Template](#) when prescribing an aid or equipment.



Name:		CIS number:	TRIM number:
Age:	Date of Birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date checklist completed:
Address:			
Is the person new to the ADHC accommodation service? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Health		No	Yes	If Yes, Please describe:
1.	Is the person in good health?			
2.	Does the person have a chronic disease?			
3.	Has the person suffered a recent illness?			
4.	Has the person had a recent injury?			
5.	Has the person had a recent surgical procedure?			
6.	Has the person had a loss of skill or ability?			
7.	Has the person been recently diagnosed with a deteriorating health condition?			
8.	Describe any other health issue the person is experiencing:			



Support Needs		No	Yes	If Yes, describe the support currently given:
Does the person require support with:				
1.	Communicating – speech, reading, hearing			
2.	Showering			
3.	Dressing			
4.	Sitting			
5.	Standing			
6.	Maintaining their position			
7.	Posture			
8.	Walking			
9.	Maintaining balance			
10.	Using the toilet			
11.	Bowel Care			
12.	Pressure wounds			
13.	Pressure garments e.g. stockings			
14.	Specialised mattress			



Support Needs		No	Yes	If Yes, describe the support currently given:
Does the person require support with:				
15.	Continence			If Yes, state the type and quantity of continence aids used
15a	Type of continence aids		Quantity used per day	
16.	Specialised bed / bed rails			
17.	Enteral nutrition			
18.	Eating and drinking – to be addressed via Nutrition and Swallowing Checklist			
19.	Corrective footwear			
20.	Orthotic aids			
21.	Prosthetic aid e.g. eye, wig, breast			
22.	Safe travel within a vehicle e.g. harness			



Aids and Equipment		No	Yes	Describe the situation:
1.	Does the person have an aid or equipment?			
2.	Does the aid/equipment assist them?			
3.	Can they use the aid/equipment well?			
4.	Is the aid/equipment out-dated?			
5.	Is the aid/equipment broken or damaged?			
6.	Does the aid or equipment require maintenance?			
7.	Is the aid/equipment no longer required?			

Note: This section is completed to verify:

- the checklist has been completed by a support worker who knows the person well
- Checklist to be provided to the person's GP at their annual health check or whenever the person's health or needs change
- A copy of the Aids and Equipment Needs and Review Checklist is filed with the person's health plan.

The Person (if able)	Support Worker	Team Leader / Line Manager
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Remember, if the person's health or needs change, review the checklist and support the person to see the GP



Aids and Equipment Prescription Template

To be completed by the person's general practitioner or allied health professional only.

Name:		Age:	CIS:	TRIM:	Date:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Address:			
Diagnosis:					
Prognosis:					
Functional ability:	State the person's functional skills, such as how they transfer, level of mobility, what level of assistance they require e.g. for self care tasks, sitting, walking, balancing, communicating.				



Aid or equipment required:	Name:				
	Cost:		Written quotation must be attached		
	Supplier:				
	ARTG Number:	This information is requested as prescription is subject to the supplier's compliance with Commonwealth legislation regulating medical devices and the inclusion of the device on the Australian Register of Therapeutic Goods (ARTG).			
Specific features or components required:					
Contenance aids required:	Type of aid	Brand of aid	Quantity	Cost	Supplier
Overall benefit to the person:	State the purpose of the aid or equipment, how often the aid or equipment will be used and the benefit to the person.				



Potential risk if the aid/equipment is not provided:					
Time frame for supply	<input type="checkbox"/> Immediate	<input type="checkbox"/> 1 month	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 1 year
Is the aid/equipment compatible with the person's transport?	<input type="checkbox"/> Y <input type="checkbox"/> N	What modifications are required?			
Is the aid/equipment compatible with other equipment currently being used?	<input type="checkbox"/> Y <input type="checkbox"/> N	What modifications are required?			
Does the person require training to use the aid/equipment?	<input type="checkbox"/> Y <input type="checkbox"/> N	How will training be provided, and by whom?			
Do support workers require training to use the Aid/Equipment?	<input type="checkbox"/> Y <input type="checkbox"/> N	How will training be provided, and by whom?			
Other aids/equipment to be trialled if appropriate?	Name of equipment:				
Additional information if relevant:					

Note: Relevant medical reports and or therapist assessments must be attached to this template if appropriate.



Declaration:

- I have collaborated with the person, their support workers and their person responsible or guardian.
- The person, their person responsible or guardian is in agreement with the choice of equipment being requested.
- The aid/equipment is the most suitable product for the person.
- The aid/equipment recommended is the best value for money.
- Itemised quotes and supplier details are attached.
- I have attached written advice from the supplier that the item is excluded/exempt from the ARTG
- I have included details on how training will be provided.
- I have attached additional relevant reports and photographs.
- ADHC therapists only: I have consulted with my senior clinician to prescribe this Aid/Equipment valued greater than \$5000.

Prescriber of aid or equipment						
I must check modifications to the aid/equipment are completed as requested on receipt of items						<input type="checkbox"/> Y <input type="checkbox"/> N
Name of prescriber:			Signature of prescriber:			
Profession:			Place of work:			
Address:			Phone:		Mobile:	
Email address:					Report date:	
Days of work & hours:	Mon:	Tues:	Wed:	Thur:	Fri:	Sat:



ADHC therapists only: For items valued greater than \$5000							
Name of supervisor:				Signature of supervisor:			
Profession:				Place of work:			
Address:				Phone:		Mobile:	
Email address:					Report date:		
Days of work & hours:	Mon	Tues	Wed	Thur	Fri	Sat	

Copies of the report must be provided to:

- The person – and filed with their Health Planning information
- The Team Leader (for information)
- Coordinator Accommodation and Respite or Residential Unit Nursing Manager



Aids and Equipment eligible for AESA funding

Individual Aid Category	Eligible Items	To be prescribed by:
<p>Communication aids and appliances: To assist a person to express themselves, make choices and interact with others</p>	<ul style="list-style-type: none"> • Speech aids and boards etc. • Communication software • Talking equipment • Equipment for producing, reading, or storing alternate format information • Accessories- Mounting kit, remote control, cuddly switch • Electronic or micro-computer based communication aids • Software designed to function as Augmentative Communication Aid on a computer including apps for iPads or similar devices • Assistive listening devices, amplifiers and electronic aids to assist speech intelligibility • Speech generating aids/boards • Talking equipment e.g. reading machines • Hearing aids if not eligible through Australian Hearing Service 	<p>GP or</p> <p>speech pathologist or occupational therapist.</p> <p>Audiologist - and include an audiologist report</p>



Individual Aid Category	Eligible Items		To be prescribed by:
Hygiene – continence aids: To assist the person with the management of continence to maintain dignity and personal hygiene	Continence Aid	Quantity claimable	Heavy users must apply for CAPS payment prior to applying for AESA funding. AESA funding for Continence assistance will be considered once CAPS is exhausted. A person who qualifies for CAPS funding does not require their GP/AHP to prescribe aids however, they may wish to use the Prescription template . Items valued at less than \$200 to be purchased with person's own funds.
	Disposable continence pads or panty nappies	90 per month	
	Re-usable pads	18 per year	
Hygiene – bed protection	Washable bed pads e.g. Kylie sheets	3 per year	
	Waterproof mattress protector/sheets	2 per year	
Hygiene – Other continence aids	Uridomes	40 per month	
	Disposable catheters	30 per month	
	Silastic catheter	1 per month	
	Leg bags, sterile, non sterile, latex and accessories	as required	
	Sterilising, cleaning and bowel care equipment	as required	
	Milton, Gloves, KY gel Syringes	as required	
	Night disposable drainage bags	1 per week	



Individual Aid Category	Eligible Items		To be prescribed by:
Hygiene – Other continence aids (continued)	Continence aid	Quantity claimable	As above
	Drainage bottles and accessories	6 per year	
	Dressings for long term supra pubic catheters	As required	
	Others prescribed by the GP, continence advisor or AHP		
<ul style="list-style-type: none"> • Change table, Akron couch etc. 			
Mobility – Building modifications To provide the person with safe access to their home	<ul style="list-style-type: none"> • Railings – internal (bedroom, bathroom, showers), access areas – internal and external. • Ramps – internal or external. 		GP or physiotherapist or occupational therapist
Mobility – Transfer and lifting To enable the person to be lifted and positioned safely	<ul style="list-style-type: none"> • Sling • Transfer board • Slide sheet • Ceiling / portable hoist 		GP or physiotherapist
Mobility – Walking Aids To assist a person to be mobile within their community and home, providing increased access and independence	<ul style="list-style-type: none"> • Walking support systems • Walking frames • Walking sticks • Portable ramps 		GP or physiotherapist



Individual Aid Category	Eligible Items		To be prescribed by:
<p>Mobility – electric scooters</p>	<p>Electric scooters are a low priority and may be provided in cases where there is an outstanding need and funds are available They must be speed limited to 10 kms per hour – RTA regulations apply</p>		<p>GP or occupational therapist or physiotherapist - With specific rationale for the prescription.</p>
<p>Mobility – orthotic appliances To assist the person maintain their independence by using their limbs with appropriate support</p>	Aid	Qty claimable	<p>GP or podiatrist or occupational therapist or physiotherapist</p>
	<p>Surgical footwear which requires enhancements such as:</p> <ul style="list-style-type: none"> • a caliper • Corrective orthosis • Medical wedges • Lateral wedges • Insoles • Metatarsal Bar • Buildups 	<ul style="list-style-type: none"> • 1 pair of shoes per year. • Shoes must be beyond repair. • The person pays for the cost of the actual shoe and AESA funds cover the cost of the enhancements. 	



Individual Aid Category	Eligible Items		To be prescribed by:				
Mobility – orthotic appliances (continued)	Aids for upper and lower limbs <ul style="list-style-type: none"> • Braces • Calipers • Ankle foot orthosis (AFO) • Splints • Corsets • Cervical collars Low cost collars may be purchased using the person’s own funds	<p style="text-align: center;">1 per year</p> Replacement once the current aid is worn out.					
Mobility – wheel chairs	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Aid</th> <th style="width: 50%; text-align: center;">Qty claimable</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Wheel chairs without specialised seating • Wheel chairs with specialised seating • Safety harnesses and tie downs • Accessories </td> <td style="vertical-align: top;"> <p>*1 chair per person at a time.</p> <p>This includes persons who sometimes require an alternate means of mobility.</p> </td> </tr> </tbody> </table>	Aid	Qty claimable	<ul style="list-style-type: none"> • Wheel chairs without specialised seating • Wheel chairs with specialised seating • Safety harnesses and tie downs • Accessories 	<p>*1 chair per person at a time.</p> <p>This includes persons who sometimes require an alternate means of mobility.</p>	<p style="text-align: center;">*1 chair per person at a time.</p> <p>This includes persons who sometimes require an alternate means of mobility.</p>	GP or occupational therapist or physiotherapist - With assessment of cognitive abilities to operate an electric or basic wheel chair.
Aid	Qty claimable						
<ul style="list-style-type: none"> • Wheel chairs without specialised seating • Wheel chairs with specialised seating • Safety harnesses and tie downs • Accessories 	<p>*1 chair per person at a time.</p> <p>This includes persons who sometimes require an alternate means of mobility.</p>						
<p>The wheel chair must be for primary use only and not for sports etc.</p> <p>*Consideration may be given to a manual wheel chair as well as an electric wheel chair where transporting the electric wheelchair is not possible.</p>							



Individual Aid Category	Eligible Items	To be prescribed by:
Mobility – wheel chairs (continued)	Safety harnesses and tie downs <ul style="list-style-type: none"> • For use in vehicles and chairs • Safety harnesses 	GP or occupational therapist with legal documentation.
Mobility – electric wheel chairs	An electric wheel chair is supplied when: <ul style="list-style-type: none"> • Prescribed after being trialled where it was found to benefit the person’s functional skills. • The person has a severe lack of mobility and requires an electric wheel chair to be able to be mobile. • The wheel chair speed is limited to 10km per hour. • Hoist/Lift for vehicle (check Accom funding). 	GP or occupational therapist or physiotherapist <ul style="list-style-type: none"> - With assessment of cognitive abilities to operate an electric or basic wheel chair.
Personal Care – bathing aids To ensure the person’s safety and comfort	<ul style="list-style-type: none"> • Seat / shower chair / hand shower • Trolley • Commode • Grab rail 	GP or physiotherapist
Personal Care – pressure reduction: To reduce pressure injuries and ensure physical comfort	<ul style="list-style-type: none"> • Pressure care cushion • Sheep skins: for skin protection and comfort • Low cost items less than \$200 can be purchased using the person’s own funds 	GP or occupational therapist or physiotherapist. community nurse consultant



Individual Aid Category	Eligible Items		To be prescribed by:
Personal Care – pressure garments To relieve or control pressure and fluids in the limbs and provide circulatory support	Aid	Qty claimable	GP or community nurse consultant or physiotherapy or occupational therapist
	<ul style="list-style-type: none"> • Surgical stockings • Surgical garments 	2 pairs per 6 months	
	Low cost items can be purchased using the person's own funds.		
Personal Care – prosthesis To meet a clinical need for an artificial body part and to maintain the person's dignity	Wig – synthetic	1 per year	GP or oncologist or surgeon
	Wig – human hair	1 per 2 years	
	Artificial eye	As required	
	Artificial breast	1 per 2 years	
	Second skin	As required	
Personal Care – suction To maintain the person's airway	Suction machine when used by single person within a supported accommodation setting.		GP, speech pathologist or physiotherapist
Personal Care – beds and sleeping equipment To assist the person to sleep and ensure physical comfort and safety	<ul style="list-style-type: none"> • Pressure relief mattress • Eggshell underlays • Electrically operated hi lo bed • 24 hour / other positioning sleep systems • CPAP machine or other breathing machine • Bed cradle, Bed rails Posturepedic mattresses are not funded by AESA.		GP or occupational therapist or physiotherapist community nurse consultant



Individual Aid Category	Eligible Items	To be prescribed by:
<p>Personal Care – seating and positioning aids To assist the person to sit safely and comfortably, maintain posture and airway safety whilst awake</p>	<ul style="list-style-type: none"> • Prescribed seating system • Specialised car seats • Geriatric, reclining, raised or ejector chairs • Saddle chairs <p>Alternative positioning systems such as:</p> <ul style="list-style-type: none"> • Side layers, supine positioners. • Tilt tables, standing frames. • Tables – prescribed bedside table. 	<p>GP or occupational therapist or physiotherapist</p>
<p>Personal Care – Toileting To assist the person to access and use the toilet safely</p>	<ul style="list-style-type: none"> • Toilet aid • Shower commode chair • Electric toilet seat 	
<p>Personal Care – nutrition, feeding and eating To assist the person to maintain adequate nutrition by the provision of drinking, eating or tube feeding aids and equipment</p>	<p>Supplementary feeding equipment:</p> <ul style="list-style-type: none"> • Kangaroo pump • Enteral feeding pumps • Bags and stands, tubing and syringes • Dressings for naso-gastric tubes • Tracheostomy tubes. <p>Low cost specialised cutlery and eating devices (plate guards) can be purchased using HOA funds. Food thickeners are not provided by AESA</p>	<p>GP or gastroenterologist or dietitian occupational therapist</p>



Individual Aid Category	Eligible Items	To be prescribed by:
<p>Repairs, maintenance and modifications – wheel chairs To ensure the aid or equipment remains in good working order</p>	<ul style="list-style-type: none"> • Wheel chairs purchased with AESA funds or ADHC owned are repaired where damage is regarded as normal wear & tear and not misuse. • Servicing costs. • Replacement of lost parts is assessed on an individual basis. • Batteries for electric wheel chairs are replaced annually. • Tyres are replaced as required if not repairable. 	<p>GP</p> <p>Assess circumstances, contact supplier</p> <p>Review by prescribing AHP if more frequent replacement is requested.</p>
<p>Repairs, maintenance and modifications – beds To ensure the aid or equipment remains in good working order</p>	<ul style="list-style-type: none"> • Positioning system • Rails • Mattress • Accessories 	<p>Assess circumstances, contact supplier</p> <p>Review by prescribing AHP if more frequent replacement is requested</p>
<p>Repairs, maintenance and modifications – general To ensure the aid or equipment remains in good working order</p>	<ul style="list-style-type: none"> • Communication devices • Seating • Ramps, railings • Lifting devices 	<p>Assess circumstances, contact supplier</p> <p>Review by prescribing AHP if more frequent replacement is requested</p>

Aids and Equipment not eligible for AESA funding

The following items are regarded as inappropriate for AESA funding. The AESA Committee may vary from this only when there is good justification and if funds are available after eligible requests are satisfied.

Excluded items are those that:

- do not conform with Australian safety, building of safety standards
- cost less than \$200, unless a case outlining particular hardship is provided
- are able to be funded from another source
- are not a personal aid that meets the objectives of the program which is to assist the person with specific long term disabilities to function independently and improve their quality of life.

Excluded Items are as follows:

<ul style="list-style-type: none"> • Apnoea alarms • Air conditioners • Assistive technology for entertainment e.g. iPads, computer tablets • Batteries except electric wheel chair • Bras • Breast implants or shields • Computers, upgrades, memory processors, printers or other accessories 	<ul style="list-style-type: none"> • Continance alarms • Dietary treatments • Dialysis machines • Drug treatments • Electro-drives • Equipment rental costs • Equipment solely for entertainment or recreation • Feeding bags for meal replacement e.g Complan® • Flotrons for Deep Vein Thrombosis 	<ul style="list-style-type: none"> • Food thickeners & supplements • Insulin pumps • Infusion pumps • Health monitoring equipment • Hyperalimentation or associated equipment • Laxatives, enemas, suppositories • Menstruation pads or panty liners • Movement monitors • Oxygen 	<ul style="list-style-type: none"> • Pain monitoring implants • Personal alarms • Post acute pressure garments • Retail cushions, bean bags, supports • Special bedding (hypo allergy) • Therapy costs • Thermostatic valves • Total Parenteral Nutrition (TPN) • Vaporiser
--	--	--	--

Aids and Equipment funded through Accommodation Services

The items listed below are regarded as equipment that assist in the support of a person. They are purchased from general local funds and their repair is part of a preventative maintenance program which is funded by reactive maintenance funds.

If equipment or appliances are individualised or prescribed for an individual person, they can be purchased using AESA funds.

Where appropriate, these items should be pooled and used when required to ensure maximum usage.

Support Equipment		Usual source of funding	Requirement for AESA funding
<p>Railings and Ramps</p> <p>To ensure the immediate safety and protection of a person in the external and internal environment</p>	<p>Railings for</p> <ul style="list-style-type: none"> • Bedrooms • Bathroom and showers • Access areas 	<ul style="list-style-type: none"> • Preventative maintenance program • Reactive maintenance program – for repairs <p>Include on preventative maintenance plan if not urgent</p> <p>Approach District management to access funding from the group home budget</p>	<p>Prescription for individualised need by: GP or occupational therapist</p>
<p>Environment control Aids</p>	<p>Devices may include:</p>	<ul style="list-style-type: none"> • Large items may be funded through capital 	<p>Prescription for</p>

Support Equipment		Usual source of funding	Requirement for AESA funding
To allow independent access, control and operation of appliances in a home setting	<ul style="list-style-type: none"> • Infra red features • Vibrating features • Assistive devices • Mounts for domestic equipment 	Approach District management to access funding from the group home budget	individualised need by: GP or occupational therapist
Tables To assist a person with access to goods and support participation in meals and food based activity	Tables include: <ul style="list-style-type: none"> • Bedside tables • Adjustable tables & chairs 	The person pays for their own bedroom furniture Large shared items such as tables are purchased through the Household Operating Account (HOA)	Prescription for individualised specialised aids by: GP or occupational therapist
Wheel chair hoists To lift a person seated in a wheel chair (who is unable to walk) into a vehicle	Wheel chair hoists for vehicles	Wheel chair hoists and lifts are included in the lease fee for a vehicle and paid for by the HOA	Prescription for individualised modifications by: GP or occupational therapist
Bathing Aids To assist a person to maintain dignity, safety, hygiene and independence when bathing or drying	<ul style="list-style-type: none"> • Bath seats • Shower chairs • Hand showers • Grab rails 	Approach District management to access funding from the group home budget	Prescription for individualised need by: GP or occupational therapist or physiotherapist
Toileting Aids To assist a person to	<ul style="list-style-type: none"> • Commode chair • Cushioned toilet seat 	Approach District management to access funding from the group home	Prescription for individualised need by:



Support Equipment		Usual source of funding	Requirement for AESA funding
effectively complete toileting functions	<ul style="list-style-type: none"> • Custom toilet seat • Grab rails 	budget	GP or occupational therapist or physiotherapist
<p>Transfer and Lifting appliances</p> <p>To facilitate the movement of a person and reduce likelihood of injury to the person and support workers</p>	<p>Transfer and Lifting appliances include:</p> <ul style="list-style-type: none"> • Portable electrical lifting hoists • Fixed electrical ceiling hoists and tracking • Slings, transfer boards, slide sheets • Slings for individual use – e.g. in situ sling. 	<p>Transfer and lifting appliances valued at over \$5000 (including installation) may be submitted for addition to the Capital Program</p> <p>Approach District management to access funding from the group home budget</p>	<p>Prescription for individualised need by:</p> <p>GP or occupational therapist</p>
<p>Suction Aids</p> <p>To maintain clear and safe air passage for the person</p>	<ul style="list-style-type: none"> • Suction catheters • Suction machines 	Funded through capital works or HOA when used by more than one person in the group home	<p>Prescription for use by single person by GP with medical report and support plan detailing cleaning procedure</p>



Aids and Equipment through non ADHC funding

Before applying for AESA funding, check whether the person can apply for assistance through other service providers.

Aids and Equipment	Provider – source of funding	Assistance provided
Hearing or Auditory Aids	Australian Hearing Service located throughout NSW	Provides hearing assessment, aid fitting and monitoring
Continence Aids	Continence Aid Payment Scheme (CAPS) administered by the Department of Human Services	Scheme pays subsidy directly into person's bank account for the purchase of continence aids
Medications, enemas, suppositories and some continence aids	Pharmaceutical Benefits Scheme (PBS) administered by the Commonwealth Government.	Assists people with the Disability Support Pension to access a lower flat rate for prescription medicines
Syringe items, monitoring and diagnostic agents	National Diabetic Services Scheme . Administered in NSW by Diabetes Australia.	Subsidises the supply of syringes, diagnostic agents, blood monitors and training
Surgical Aids and Prosthesis	Administered by Hospitals and NSW Health Services	As per Dept. Health circular 92/52 which stipulates their responsibility for provision of surgical aids and prostheses to in/out patients
Oxygen	Hospitals and NSW Health Services	Hospitals are required to provide oxygen and all necessary equipment on loan to a person with a short term terminal illness (3 months or less) who is discharged requiring oxygen

AESA – Statement of Finance

The Statement of Finance records the person’s financial situation and their ability to contribute to the cost of the aid or equipment. This document is confidential, is for internal use only and must not be supplied to the person’s GP or allied health professional.

The person’s name:	Date of birth:	CIS:	TRIM:
The person’s before tax income – annual income from Disability Support Pension and Entitlements.		\$	
Other before tax income – total of annual income from other sources e.g. employment.		\$	
Total funds in Savings Account: (official documentation must be sighted)		\$	
Total funds in Investment Accounts: (official documentation must be sighted)		\$	
Total funds		\$	
Refer to the User Contribution Recommendation Table on page 3, to determine if a recommendation for the person to contribute towards the cost of their aid/equipment is appropriate.		N <input type="checkbox"/> Y <input type="checkbox"/> - Complete details:	
		% contribution fee	%
		\$ Total contribution fee	\$



Does the person have circumstances which need to be considered in determining the User Contribution?		N <input type="checkbox"/> Y <input type="checkbox"/> provide details below								
Provide details of any circumstances which may cause the person financial hardship:										
Does the person choose to purchase the aid/equipment partly or fully using their own funds?									N <input type="checkbox"/> Y <input type="checkbox"/>	
Agreed % of funds contributable by the person: (Circle)	0%	5%	7%	10%	12%	15%	20%	25%	\$	
Part payment of:	\$	Full payment of:				\$				

Note: This section is signed to verify:

- The information supplied is correct
- The person and their family / guardian / financial manager agrees that the % contributable towards the aid or equipment is correct
- The person will contribute the recommended User Contribution

The Person	Family, guardian, financial manager	Support worker	Team Leader / line manager
Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:
Date:	Date:	Date:	Date:



Recommended User Contribution¹

ANNUAL INCOME	SAVINGS \$	% USER CONTRIBUTION
Disability support pension and entitlements or equivalent income (DSP)	\$5001 – 10000	5%
	\$10001 – 20000	10%
	\$20001 – over	15%
DSP + \$5000	0	10%
DSP + (\$5001 – 10000)	0	12.5%
DSP + (\$10001 – 20000)	0	15%
DSP + (\$20001 – 30000)	0	17.5%
DSP + (\$30001 – 40000)	0	20%
DSP + \$5000	0 - \$5000	10%
	\$5001 – 10000	15%
	\$10001 – 20000	20%
	\$20001 - 30000	25%
	\$30001 - over	30%
DSP + (\$5001 – 10000)	0 - \$5000	12.5%
	\$5001 – 10000	17.5%
	\$10001 – 20000	22.5%
	\$20001 - 30000	27.5%
	\$30001 - over	32.5%

¹ Refer to section 10.3 of the AESA Procedures



ANNUAL INCOME	SAVINGS \$	% USER CONTRIBUTION
DSP + (\$10001 – 20000)	0 - \$5000	15%
	\$5001 – 10000	20%
	\$10001 – 20000	25%
	\$20001 - 30000	30%
	\$30001 - over	35%
DSP + (\$20001 – 30000)	0 - \$5000	17.5%
	\$5001 – 10000	22.5%
	\$10001 – 20000	27.5%
	\$20001 - 30000	32.5%
	\$30001 - over	40%
DSP + (\$30001 – 40000)	0 - \$5000	20%
	\$5001 – 10000	25%
	\$10001 – 20000	30%
	\$20001 - 30000	35%
	\$30001 - over	45%

AESA funding application form

This form must be completed to apply for AESA funding towards the purchase of Aids or Equipment.

The person's name:		Date of birth:	CIS No:
The person's address:			TRIM:
Tick whether this application is for:	<input type="checkbox"/> a new aid <input type="checkbox"/> a repair <input type="checkbox"/> a modification <input type="checkbox"/> a replacement <input type="checkbox"/> maintenance		
Describe the Aid/Equipment AESA funding is being applied for:			
What is the quoted cost of the Aid or Appliance?	\$	Have other funding options been sourced?	No <input type="checkbox"/> Yes <input type="checkbox"/> List:
Attachments required for all applications:	<input type="checkbox"/> Aids and Equipment Needs and Review Checklist <input type="checkbox"/> Aids and Equipment Prescription Template & quotation <input type="checkbox"/> Statement of finance		
Attachment required for Continence Aids:	<input type="checkbox"/> AESA funding application form - Continence Aids		
User fee contributable (if any) by the person: (calculated in Statement of Finance)	\$	Total AESA funds requested:	\$



Note: This section is completed to verify:

- The person requires an Aid or Equipment
- The person's GP or relevant Allied Health Professional has prescribed the Aid or Equipment.
- The person understands they may be required to contribute a percentage of the cost of the Aid or Equipment.
- Required attachments and quotation are attached.

The person (if able)	Application prepared by:	Application endorsed by: (Team Leader / Line Manager)	Application endorsed by: (Coordinator / NMANS)
Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:
Position:	Position:	Position:	Position:
Date:	Date:	Date:	Date:

AESA funding application form – Continence Aids

AESA funding is available for continence products for people with permanent or severe incontinence.

Continence aids valued at less than \$200 per annum, must be purchased with the person's own funds.

Before applying for AESA funding to purchase Continence Aids, the person must make a claim through the Continence Aids Payment Scheme (CAPS) provided by the Department of Human Services.

For information on claiming CAPS, go to: [Dept. Human Services - claiming for the Continence Aids Payment Scheme](#)

The person's name:		Date of birth:	CIS No:	TRIM:	
The person's address		Total of person's own funds used for continence aids per annum:			\$
CAPS applied for:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Date of CAPS application	CAPS payment received		
	If not, the person must apply for CAPS assistance and exhaust funds before applying for AESA funding				
Continence Aids required *Refer to AESA Procedures for quantity claimable	Type of Aid	Brand of Aid	*Qty of aid	Cost of aid	GST



	Type of Aid	Brand of Aid	*Qty of aid	Cost of aid	GST
Bed protection required: *Refer to AESA Procedures for quantity claimable					

Note: This section is completed to verify:

- The person has permanent or severe incontinence
- The person has exhausted Continence Aids Payment Scheme funds
- Quotation is attached.

The person (if able)	Application prepared by:	Application endorsed by: (Team Leader / Line Manager)	Application endorsed by: (Coordinator / NMANS)
Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:
Position:	Position:	Position:	Position:
Date:	Date:	Date:	Date:



AESA Committee – Application outcome

This form must be completed to apply for AESA funding towards the purchase of Aids or Equipment.

The person's name:				Date of birth:			CIS No:		
Aid / Equipment funding applied for:							TRIM:		
Attachments reviewed:		<input type="checkbox"/> Aids and Equipment Needs and Review Checklist <input type="checkbox"/> Aids and Equipment Prescription Template <input type="checkbox"/> Statement of Finances <input type="checkbox"/> AESA funding Application Form <input type="checkbox"/> AESA funding Application Form – Continence Aids							
Needs Ranking		Benefit Ranking		Urgency Ranking		Complexity Ranking Add 1 if special or complex		Priority Ranking Total of scores	
Low 1		Minimal 1		Non urgent 1					
Med 2		Moderate 2		2-6 months 2					
High 3		Greatest 3		Immediate 3					



Comments:			
Outcome:	<input type="checkbox"/> Supported	<input type="checkbox"/> Not Supported	<input type="checkbox"/> Place on Priority List
Reason for outcome:			
Date application considered:		Date for further consideration:	
Action required:			
		Date application finalised:	
AESA Co-ordinator:			
Name:		Signature:	Date:
Delegated AESA approving officer:			
Name:		Signature:	Date:



AESA Committee – Notice of outcome

Dear: _____

The AESA committee has considered your application for AESA funding as follows:

Aid / Equipment	Cost	User Contribution %	Other Contribution	Date of Meeting

At the meeting, it was recommended that your application was:

Supported Not Supported Placed on a priority list because:

Recommendation approved / declined by: (approving officer) _____ Date: _____



Further Action Required:

In regard to the recommendations made, the following actions should occur:

Delegated AESA Approving Officer		
Name:	Signature:	Date: