



Specialist Smoke Alarm Subsidy Application Form PART A

Please fill in one application form per household

CONTACT INFORMATION	
Name:	
Phone:	<input type="checkbox"/> TTY _____ <input type="checkbox"/> Voice _____
Postal Address:	
Postcode:	
Fax:	
Mobile (SMS):	
Email:	
CONSENT FOR TASMANIA FIRE SERVICE (TFS) TO CONTACT YOU	
Do you give consent for TFS to contact you to organise a visit to your home to install the visual smoke alarm and conduct a free home fire safety audit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred method of contact: <input type="checkbox"/> FAX <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> TTY <input type="checkbox"/> Voice	

ELIGIBILITY QUESTIONS (please tick)
Are you Deaf? <input type="checkbox"/> Yes <input type="checkbox"/> No
You can apply for more than one smoke alarm per household, where people who are Deaf or Hard of Hearing sleep in separate bedrooms e.g. flat mate or family living in the same house.
How many visual smoke alarms do you need in your house? _____
Please note: each visual smoke alarm costs \$50.00

Do you live in:	<input type="checkbox"/> Your Own Property <input type="checkbox"/> A Rental Property <input type="checkbox"/> Department of Housing accommodation (e.g. Public Housing) <input type="checkbox"/> Disability funded accommodation (e.g. A Community Residential Unit) <input type="checkbox"/> Other (please state): <hr/>
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To verify that you meet the eligibility criteria for this subsidy, please provide:

One (1) reference from a service, deaf club, support or social group that sees deaf people
OR

One (1) written reference from Australian Hearing or private audiologist stating that you have a profound hearing loss or a recent (past 6 months) audiogram from an Audiology clinic.

AND

Make a \$50 (fifty) dollar co-payment which should be included with your application

Please provide us with details of all the occupants of your household including yourself (please print this page again if you have more than 3 occupants)

Person 1			
Age	Hearing Loss	Method of Communication	Health Care Card Holder
<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 - 44 <input type="checkbox"/> 45 - 64 <input type="checkbox"/> 65 +	<input type="checkbox"/> Hearing <input type="checkbox"/> Mild Loss <input type="checkbox"/> Moderate Loss <input type="checkbox"/> Severe Loss <input type="checkbox"/> Profoundly Deaf	<input type="checkbox"/> Auslan <input type="checkbox"/> Other Sign Language <input type="checkbox"/> Spoken English <input type="checkbox"/> Other Spoken Language <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person 2			
Age	Hearing Loss	Method of Communication	Health Care Card Holder
<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 - 44 <input type="checkbox"/> 45 - 64 <input type="checkbox"/> 65 +	<input type="checkbox"/> Hearing <input type="checkbox"/> Mild Loss <input type="checkbox"/> Moderate Loss <input type="checkbox"/> Severe Loss <input type="checkbox"/> Profoundly Deaf	<input type="checkbox"/> Auslan <input type="checkbox"/> Other Sign Language <input type="checkbox"/> Spoken English <input type="checkbox"/> Other Spoken Language <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person 3			
Age	Hearing Loss	Method of Communication	Health Care Card Holder
<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 - 44 <input type="checkbox"/> 45 - 64 <input type="checkbox"/> 65 +	<input type="checkbox"/> Hearing <input type="checkbox"/> Mild Loss <input type="checkbox"/> Moderate Loss <input type="checkbox"/> Severe Loss <input type="checkbox"/> Profoundly Deaf	<input type="checkbox"/> Auslan <input type="checkbox"/> Other Sign Language <input type="checkbox"/> Spoken English <input type="checkbox"/> Other Spoken Language <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART B

To confirm you are eligible for a visual Alert please fill complete only one of three

1) Member of Tasdeaf (please enter your membership number) _____

or

2) A recent audiogram from an audiology clinic (must be no more than 12 month old)

or

3) Reference from Australia Hearing or private audiologist stating that you have a profound hearing loss. Please fill out the form below.

I confirm that _____ is profoundly deaf and
(name)
meets the eligibility criteria for the Smoke Alarm Subsidy.

Name of Authorised Referee:	
Organisation:	
Position/Role:	
Email:	
TTY/Phone:	
Authorised Referee Signature:	

APPLICANT TO COMPLETE

I _____ confirm the information I have provided is correct
and that no other member of the household has applied for the subsidy.

Applicants Signature:	
Date:	

Co-payment of \$50

When you fill out the application form, please make sure you include payment of \$50.00.

Payment can be made in the following ways

- ❖ Include cheque of \$50.00 payable to Tasdeaf
- ❖ Fill out your Credit Card details below

Credit card Number _____ exp __/____

Name on card _____ Visa/ Mastercard

- ❖ Ring Tasdeaf and provide your credit card details
- ❖ Cash payment at the office of Tasdeaf in Launceston or Hobart
- ❖ Make Direct Debit transfer to Tasdeaf

Westpac BSB **037 001** Account **539031** Please make sure you put your name and smoke alarm in the reference or remittance information section

If the Committee deems that you are not eligible for a smoke alarm, the \$50 will be refunded.

Before submitting this form to Tasdeaf, have you:

- Answered all questions?
- Provided the required references OR supplied information that proves your eligibility?
- Signed and dated this application?

Please full in this form and post to:

Tasdeaf
Specialist Smoke Alarm Subsidy
Shop 2 Quadrant Plaza
Launceston TAS 7250
north@tasdeaf.org.au