

Home Dialysis Concession APPLICATION FORM

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Concession Rates

Assistance is available for up to a maximum of 190 kilolitres per annum. Therefore a concession to eligible applicants will be applied as a credit allowance of utilising a maximum of 190 kilolitres at the end of each annual billing period.

Eligibility

To qualify for assistance, the following Application Form will need to be completed. If you are uncertain about how to complete the Application, please contact Cook Shire Council on (07) 4082 0500.

Patients are required to re-apply for assistance every three years. The concession will be discontinued when the applicant no longer uses the machine. In this instance, please notify Cook Shire Council in writing.

APPLICANT

Title Mr. Mrs. Ms. Miss.

Full name

Residential Address

Postal address

Locality/Suburb State Postcode

Phone Mobile

Email

Preferred method of correspondence: Mail Email

ELIGIBILITY

I have been issued a Home Dialysis Machine from: (Please provide name of hospital etc.)

Date machine received

DECLARATION

I declare that the above information is true and correct and that I have not lodged another Application for this concession under another name and that all the information given is true and correct.

Applicant's Signature

Date

PRIVACY STATEMENT

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.