

**Adaptive Technology Subsidy Application Form**

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to apply for a subsidy for the following item of equipment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This will assist me to: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Supplier details & official quote on supplier’s letter head: Provided ⃣**

Name of supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Cost $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For the Member:**

I have read and understood the equipment subsidy guidelines and believe this application meets these guidelines. ⃣

I have undertaken to research the best option for my current circumstances. It is my opinion, in conjunction with opinion of other professional sources as required, that this equipment is:

* appropriate to my current needs,
* will be of benefit in assisting me to gain or maintain independence,
* I have or will gain proficiency in its use and am able to access training if needed. ⃣

I will be contributing the sum of $\_\_\_\_\_\_\_\_\_\_\_\_and wish to apply for a subsidy of $ \_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership services officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADAPTIVE EQUIPMENT SUBSIDY GUIDELINES**

The Beyond Blindness (BB) adaptive technology equipment subsidies are intended to assist full members gain and maintain independence in daily living, study or employment.

As funds are limited it is anticipated that members will exhaust other specific government schemes where available i.e. employment schemes, NDIS and MAC before applying for funding through BB. Criteria for applications are:

1. A subsidy of fifty (50) percent of the cost price may be paid on items $100.00 or more up to a maximum subsidy of $4000.00 over a 3-year period, commencing from first date of purchase.
2. A subsidy may be paid to assist with the cost of equipment or aids made exclusively for people with low vision or for multi-use mobile smart devices that come standard with adaptions for the blind. This does not include hardware such as computers/screens or laptops.
3. It is the responsibility of the member to provide supplier details and an official quote on supplier’s letter head. Account details must be provided so that subsidy payments can be directed into the member’s account. Upon purchase a receipt MUST be provided via email or posted to the administration team as soon as the purchase is made.

4. For applications made through RSB and other organizations, BB will fund 50% of the total cost of equipment. Any further deductions may be made subsequently by the supplying organization.

1. For approved devices purchased on a plan, BB will subsidize half the cost of the *device* component of the plan only. It is the responsibility of the member to ensure they have the capacity to pay for any ongoing costs associated with internet or telephone carrier costs.
2. Replacement items will not be subsidized unless they are no longer fit for purpose or a change in eye condition renders them obsolete. For example, most smart devices should have a minimum life of three years before apps, batteries and software are no longer upgradable. Devices such as braille devices and CCTV’s should last for many more years. Applicants seeking to replace existing devices should discuss this with Beyond Blindness staff.
3. Subsidies will not be paid for equipment purchased prior to approval or for equipment not meeting BB guidelines
4. Applicants are encouraged to ensure devices are covered by their own insurance.
5. If a member finds the equipment unsuitable or unwanted and intends to sell it within two years of purchase, they should discuss this with BB staff as they may be required to refund the BB the subsidy.

**Professional Recommendations and Training**

To ensure equipment is suitable for achieving member goals accounting for eye-condition, aptitude and proficiency, all equipment subsidy applicants are encouraged to receive the professional endorsement of a low vision technology trainer or professional. Preferably this is achieved by attending either BB or RSB training sessions and/or undertaking an assessment to demonstrate the user’s proficiency. In some cases, extra training sessions may be needed and will be the responsibility of the applicant. In the case of Smart devices such as mobile phones and tablets, proficiency is required in using the adaptive technology associated with the phone, not the ability of making a phone call.

*NB. Beyond Blindness endeavors to assist with member applications in a prompt manner*

*however please note the wait time for processing may be approx. 7-10 working days.*