



**Smoke Alarm Subsidy  
Application Form**

**PART A**

<b>CONTACT INFORMATION</b>	
<b>Name:</b>	
<b>Phone:</b>	
<b>Postal Address:</b>	
<b>Postcode:</b>	
<b>Fax:</b>	
<b>Mobile (SMS):</b>	
<b>Email:</b>	

<b>ELIGIBILITY QUESTIONS (please tick)</b>	
<b>Are you profoundly deaf?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>You can apply for more than one smoke alarm per household, for deaf people that sleep in different bedrooms.</b>	
<b>Has someone else living in your house applied for a smoke alarm subsidy before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please provide the name of this person: _____
<b>Do you live in:</b>	<input type="checkbox"/> Your Own Property <input type="checkbox"/> A Rental Property <input type="checkbox"/> Office 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): _____
<b>Which age group are you in?</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 24 <input type="checkbox"/> 25 - 44 <input type="checkbox"/> 45 - 64 <input type="checkbox"/> 65 +

<b>If you are under 18, do you live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Which of the following do you use in every day communication?</b>	<input type="checkbox"/> Auslan <input type="checkbox"/> Other Sign Language (please state): _____ <input type="checkbox"/> Spoken English <input type="checkbox"/> Spoken Language other than English <input type="checkbox"/> Other (please state): _____

**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)** reference from a member of Vicdeaf, Victorian Council of Deaf people (VCOD) or Able Australia (formerly known as Deafblind Association)

**OR**

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

**Please note:** To receive a smoke alarm, you need to make a \$50 co-payment. If it is difficult for you to meet this cost, you can apply to have the co-payment fee waived but you will need to prove this by either:

1. Holding a valid Health Care Card
2. Provide a letter of support from a Case Manager
3. Supply other documents to support your application to waive the co-payment.

**Please note that completing the questions below is OPTIONAL and will be used for statistical and evaluation purposes.**

<b>Are you a Health Care Card Holder?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Which of the following best describes your living situation?</b>	<input type="checkbox"/> Living alone <input type="checkbox"/> Living in a deaf household (a house <b>without</b> any hearing occupants) <input type="checkbox"/> Living in a hearing household (a house with <b>at least one</b> hearing occupant) <input type="checkbox"/> Other: _____

**PART B:**

**APPLICANT TO COMPLETE**

I \_\_\_\_\_ confirm the information I have provided is correct and that the \_\_\_\_\_ (name) second deaf person in my house sleeps in a separate bedroom.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REFEREE TO COMPLETE**

**Please tick one of the following:**

- |   |                          |
|---|--------------------------|
| Reference from a service, deaf club, support or social group that sees deaf people  | <input type="checkbox"/> |
| Reference from with a member of Vicdeaf, Victorian Council of Deaf people (VCOD) or Able Australia (formerly known as Deafblind Association)  | <input type="checkbox"/> |
| Reference from <b>hearservice</b> , Australian Hearing or private audiologist stating that you have a profound hearing loss or a recent (past 6 months) audiogram from an Audiology clinic. | <input type="checkbox"/> |

**Statement by Authorised Referee**

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

**Name of Authorised Referee:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Position/Role:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**TTY/Phone:** \_\_\_\_\_

**Authorised Referee Signature:** \_\_\_\_\_

**Before submitting this form to Vicdeaf, have you:**

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

**Please return this form and post to:**

Vicdeaf  
Smoke Alarm Subsidy  
Level 4, 340 Albert Street  
East Melbourne, VIC 3002  
[smokealarm@vicdeaf.com.au](mailto:smokealarm@vicdeaf.com.au)