



Referral Form

Community Aids and Equipment Program

Please ensure you are familiar with the below eligibility criteria prior to completing the form.

Existing CAEP individuals can continue to access CAEP until their National Disability Insurance Scheme (NDIS) plan is approved or aged care arrangement is approved.

New persons who have not previously accessed CAEP must test their eligibility with NDIS or My Aged Care before accessing CAEP and meet all other eligibility.

- If under 65 years old, refer to NDIS.
- If aged 65 years and older, refer to My Aged Care.
- If the person is declined access by NDIS or My Aged Care, who would otherwise meet CAEP eligibility, the person may access CAEP. The Department of Health will determine eligibility on a case-by-case basis.

Equipment criteria:

- The person must meet the CAEP eligibility criteria and have need of equipment for a long-term health, disability or age-related functional impairment.
- The equipment is essential for independent functioning and functional care at home.
- The equipment must be the most basic model/type that meets the clinical need.
- The equipment must be for personal use only, that is not communal use.
- The equipment is required for use in the person's primary residence.
- The item costs more than \$50.
- The equipment is required for safety and behavioural purposes where applicable.

Applicant details

Full name:

Date of birth:

Address:

Suburb

Postcode

Phone or email:

Eligibility criteria

Please complete all sections.

1. Does the applicant have a health, disability or age-related functional impairment of long-term or permanent nature?
Yes No
(If yes, please specify)

2. Does the applicant hold a Pensioner Concession Card or Health Care Card?
Yes No
(If yes, please identify which card and record the card number in the comment box)

3. Has the applicant had a hospital admission in the past 3 months, related to the reason they require the equipment?
Yes No
(If yes, please specify)

4. Has the applicant received or applied for a compensation settlement?
Yes No
(If yes, please specify)

5. Does the applicant receive Aged Care or NDIS funding?
(Note: If yes is selected, the applicant is ineligible for CAEP funding)
Yes No

6. Is the applicant a resident in a Commonwealth funded residential aged care facility?
(Note: If yes is selected, the applicant is ineligible for CAEP funding)
Yes No

7. Is the applicant a holder of a Department of Veterans' Affairs (DVA) Veteran Card (Gold, White or Orange)? (If yes, when submitting the Referral Form please attach written documentation from the DVA that they are not entitled to the equipment)
Yes No

8. Indicate the applicant's residential situation in the community.
Private residence Group home Public housing
State Government nursing home
(Brightwater Care Group, Hillroyd Nursing Home, Lucy Creeth Nursing Home)
Other

Clinical reason for referral

Please indicate:

Referred to: Please specify the CAEP funded health service and the relevant discipline, e.g., podiatry, speech, pathology, occupational therapy or physiotherapy.

Referrer details

Name of referrer:

Contact address:

Suburb

Postcode

Phone or email:

Date of referral:

Referrer declaration

I declare that I am authorised to make this referral and that all information within the referral form is true and correct to the best of my knowledge.

Signed (sign or print name):

Completed CAEP referral forms should be sent to the CAEP service provider based on the catchment area that the individual lives in. This is determined by postcodes. Please refer to the Postcode Listings: Health Service Providers document on the [CAEP website](#) for details.

End of form.

This document can be made available in alternative formats.

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