

CAEP Referral Form 2016

Applicant Details		
Name: _____	Date of Birth: _____	
Address: _____	Phone number: _____	
Suburb: _____	Post Code: _____	
Eligibility Criteria (please complete all sections)	Yes	No
Does the applicant have a permanent or indefinite disability?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant hold any of the following cards? If yes, record number below.		
Pensioner Concession Card _____	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Card _____	<input type="checkbox"/>	<input type="checkbox"/>
Carer Payment _____	<input type="checkbox"/>	<input type="checkbox"/>
Commonwealth Seniors Health Care Card _____	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant had a hospital admission in the past 3 months related to the reason they require the equipment? If yes, specify reason:	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant received or applied for a compensation settlement? If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant in receipt of any Commonwealth Aged Care funding, including Resident in a high care facility (nursing home) or low care facility (hostel); or Commonwealth Aged Care Packages Level 1 to 4. If yes, the applicant is not eligible for CAEP funding.	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant a holder of a White or Gold Veterans Affairs Card? If yes, attach written documentation from the Department of Veteran Affairs that they are not entitled to the equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Indicate the applicant's residential situation in the community: <input type="checkbox"/> Private residence <input type="checkbox"/> Group Home <input type="checkbox"/> Department of Housing and Works accommodation <input type="checkbox"/> State Government Nursing Home (Brightwater Care Group Inc. – Oats St, CPA – Hillroyd Nursing Home, Rocky Bay – Lucy Creeth Nursing Home)		

NB: Refer to section 3 of the CAEP Referrers Information Kit for more information to determine CAEP eligibility. Do not refer to CAEP if the person does not meet CAEP eligibility and program criteria.	
DIAGNOSIS and CLINICAL REASON FOR REFERRAL (please indicate the severity and long term nature of the physical disability)	
REFERRED TO: (specify the CAEP funded health service and the relevant discipline for example podiatry, speech pathology, occupational therapy, physiotherapy, orthotics)	
NAME OF REFERRER and contact address (please print)	Phone:
	Date:
SIGNATURE:	

Please refer to the link below to identify the correct CAEP Service Provider (based on postcode) for the applicant.

1. Go to Disability Services Commission website and follow the instructions <http://www.disability.wa.gov.au/services-support-and-eligibility/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep/>
2. Please send completed referral form to the identified CAEP service provider.
3. If you need assistance contact CAEP on 9426 9200.

Essential Criteria for CAEP:

- the person must meet the **CAEP eligibility criteria** and have need of equipment for a **long-term disability**
- the equipment is essential for **independent functioning** and functional care at home (see definition below)
- the equipment must be the **most basic model/type** that meets the clinical need
- the equipment must be for **individual use only** that is for personal 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 (this essential criterion does not relate to all equipment).

Below is a table that outlines the equipment purposes which CAEP will not fund and possible sources of alternative funding

Equipment Primary Purpose	Responsibility for / Possible Source of Funding
Occupational Health & Safety	The applicant's employer or the agency that is employing the paid care worker
Therapy	The service providing the intervention / therapy / rehabilitation, Private Health Cover/Health Systems, Department of Child Protection (DCP)
Normal life requirements	The applicant/family, DCP
Matters outside the primary residence	Non-CAEP equipment funds that some services have, the applicant/family, service clubs, Lottery west, DCP
Recreation	Applicant/family, Lotterywest, non CAEP equipment funds, service clubs, Private Health Cover
Pre and post operative support	The relevant health service, applicant/family
Post inpatient/outpatient support	The relevant health service, applicant/family
Family/client request non essential equipment	The applicant/family, service clubs, non CAEP equipment funds
Other equipment for use in the home	Home and Community Care (HACC) Provider – equipment not on the CAEP imprest list may be available on the HACC MDS list for individuals over 16 years of age
Educational Needs	Education System

CAEP Definition of Home Environment

CAEP defines the home environment as the person's primary residence and includes external access to the clothesline, letterbox and garage (where relevant). The CAEP Clinical Sub-committee would have to consider individual cases for full access to the home's external environment when that environment is a farm or a few acres of land.

CAEP will fund equipment for purposes outside the home where access is essential for daily home functioning: e.g. a mobility device to access medical and dental services, and shops/services where there is a need to purchase food, pay bills and obtain other requirements for home functioning.

Where a non-equipment option would meet the same need then that has to be pursued first when such strategies are already in existence. For example, strategies such as the use of respite, shopping when the client is at school or day occupation would need to be shown to be impractical alternatives to supplying equipment for essential broad community access.

Factors to consider when assessing which is the most practical solution include:

- Frequency of need (that is, several times a week)
- Other supports and options not available
- Intermittent home based need where there is regular fluctuation in the person's abilities to manage without the equipment.

Each piece of equipment requested through CAEP must meet the Home Environment criteria and any specific criteria for that item as defined in the CAEP Manual and Imprest list followed by CAEP service providers.