

CAEP Plus AT Grant Application Form

The CAEP Plus AT Grant will provide individuals with health, disability or aged related functional impairment with funding for essential equipment and AT that allows them to participate more independently within their homes and community.

The grant is available to individuals who are eligible for the Community Aids and Equipment Program (CAEP) to fund equipment and AT that is not currently available through CAEP. More information on CAEP eligibility can be found on the Government of Western Australia website. Use the following link: wa.gov.au/service/health-care/community-health-services/community-aids-and-equipment-program-caep or contact your CAEP service provider.

For further information or to discuss the CAEP Plus AT Grant, please contact a member of the CAEP Plus Grants Team.

Submitting Grant Applications

CAEP Plus AT Grant applications can be submitted via email or mail.

To ensure the timely assessment of your grant application, please ensure:

- ALL relevant Grant Applicant and Allied Health Professional (AHP) sections of the application form are completed in full.
- The application is legible and has been signed as required.
- An appropriate allied health professional (AHP) clinical report is included.
- The application includes copies of TWO itemised quotes for the requested AT/equipment.
- Any additional contribution funds are available for the AT/equipment requested.

Out of Policy Special Considerations

Where there are special circumstances or financial hardship, there is potential for Therapy Focus to review a CAEP Plus Grant Application and consider approving a grant applicant who does not meet eligibility criteria or is unable to co-contribute to the cost of a grant request over the ceiling limit.

Special circumstances you may wish to address in your rationale may include but are not limited to:

- Complexity or progressiveness of the disability.
- The number and age of any dependants and whether they have special needs.
- Current employment status.
- Requirement of several items of equipment, significant medical costs, other equipment costs, and frequency of replacement costs (e.g. consumable items or equipment itself).
- Significant expenses experienced by the grant applicant.

Please provide specific rationale and outline all factors that you would like us to consider in the 'Out of Policy' Application.

Contact Information

Website: therapyfocus.org.au

Phone: 1300 135 373

Email: assistivetech@therapyfocus.org.au

Please use 'CAEP Plus AT Grant' in the subject line of the email.

Postal Address:

CAEP Plus Grants

Therapy Focus

2 Neil Stret, Osborne Park WA 6017

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Please complete both Part 1 and Part 2 of the Grant Applicant Section. The following questions relate to the grant applicant, this is the person who is to benefit from the grant funding.

Part 1: Grant Applicant's Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

If other, please specify:

First Name:

Last Name:

Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)

Employment: ☐ Yes ☐ No

Occupation:

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say

Centrelink pension concession card (PCC) holder: ☐ Yes ☐ No

PCC Expiry: ____ / ____ (mm/yyyy)

PCC CRN:

Relationship status: ☐ Single ☐ Married/De-facto ☐ Divorced ☐ Widowed

How did you find out about the CAEP Plus Grant? ☐ CAEP Service Provider ☐ Allied Health Professional ☐ GP ☐ Other

If other, please specify:

Contact details:

Address:

Suburb:

State:

Postcode:

Contact Phone Number

Email:

Cultural details

Main language spoken:

Do you require an interpreter? ☐ Yes ☐ No

Are you of Aboriginal or Torres Strait Islander origin? ☐ Yes Aboriginal ☐ Yes Torres Strait Islander ☐ Yes Both ☐ No Neither ☐ Prefer Not to Say

Alternative contact details:

First Name:

Last Name:

Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

Part 2: Grant Applicant Consent and Declaration

Privacy and Consent

Your privacy is important to us.

Our Privacy Policy outlines how we manage and protect your personal information. We ask for your consent to collect and keep your information. You have the right to change this consent at any time. We will do our best to:

- Tell you how we keep and use your personal and sensitive information
- Follow Australian privacy laws
- Answer any questions you have about privacy at Therapy Focus
- Work with you to address any complaints you have about privacy

All Disability Service Providers are bound by the Privacy Act 1988. Therapy Focus works to adhere to the Australian Privacy Principles, which regulate how we collect, use, disclose and store personal information, and how individuals may access and correct personal information held about them.

For more information about how privacy and your personal information is managed at Therapy Focus, visit [Privacy Policy - Therapy Focus](#). You can also contact our Quality Manager by calling 1300 135 373 or email quality@therapyfocus.org.au.

Consent and Declaration: To be completed and signed by Grant Applicant (or representative).

- I consent to Therapy Focus collecting, storing, using and disclosing my personal and sensitive information for the purpose of the CAEP Plus Grant Program.
- I consent to the CAEP Plus Grant Team to share my personal and sensitive information with external parties for the purpose of considering, processing and/or finalising my grant application.
- I agree that additional personal and sensitive information can be sourced by and provided to the CAEP Plus Grant Team should it be required to support consideration of this application.
- I confirm that all the information provided for this application is true and correct to the best of my knowledge.
- I confirm the equipment and assistive technology (AT) being purchased is agreed to. I understand that I may withdraw my consent at any time and that withdrawing my consent means I can no longer receive the service that meets my needs.
- I understand that the grant must be approved before the AT is purchased.
- I understand that once I have received the AT purchased with the CAEP Plus Grant Program funding, I will own and be responsible for any future costs associated with insurance, repairs and maintenance.

You may withdraw your consent for the CAEP Plus Grant Team to share your personal and sensitive information at any time by contacting us, however this may limit our ability to process your application.

Who is signing the grant applicant consent and declaration?	☐ Grant Applicant ☐ Guardian/EPA ☐ Grant applicant representative
Full Name:	
Signed:	Date: ____ / ____ / ____ (dd/mm/yyyy)
Is this an out of policy application?	☐ Yes ☐ No

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Out of Policy Type of Application

- ☐ Client not CAEP eligible
- ☐ Co-Contribution Exemption
- ☐ Financial Hardship
- ☐ Multiple AT categories

- ☐ MAC Client
- ☐ NDIS Client
- ☐ Equipment not on the CAEP Plus equipment list

The following questions are to be complete by an allied Health professional (AHP) who is recognised by CAEP for the prescription of the specific item (i.e. occupational therapist, physiotherapist, speech pathologist), who can confirm the person's functional disability, need and suitability of the item requested.

Part 1: Allied Health Professional - CAEP Plus Eligibility

To check the CAEP eligibility of the grant applicant please contact their local CAEP service provider. To identify their local CAEP service provider, view the postcode listings document at [wa.gov.au/system/files/2025-03/caep-postcode-listings-metro-health-service-providers.pdf](https://www.wa.gov.au/system/files/2025-03/caep-postcode-listings-metro-health-service-providers.pdf)

For more information regarding CAEP please visit: [wa.gov.au/service/health-care/community-health-services/community-aids-and-equipment-program-caep](https://www.wa.gov.au/service/health-care/community-health-services/community-aids-and-equipment-program-caep), Please provide the following information regarding the Grant Applicant

1. Is the applicant CAEP eligible? ☐ Yes ☐ No

2. Does the applicant have any equipment funded through CAEP? ☐ Yes ☐ No

3. Has the applicant had a previous CAEP Plus grant? ☐ Yes ☐ No

4. Does the applicant have existing CAEP funded equipment in the same category? ☐ Yes ☐ No

5. If yes, please list the category and equipment? (e.g. Community access wheeled mobility device – mobility scooter).

6. Has this application been discussed/endorsed by a CAEP service provider? ☐ Yes ☐ No

7. If yes, please provide the CAEP service provider's contact details:

Part 1: Allied Health Professional - CAEP Plus Eligibility (cont.)

Provider Contact Details

First Name:

Last Name:

Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

CAEP Region:

Part 2: Allied Health Professional - Details and Declaration

I understand the CAEP Plus Team may contact me to verify the information I have provided in this grant application form. I declare all information I have provided on this grant application form is true and correct to the best of my knowledge.

First Name:

Last Name:

Work Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

Position:

Qualification:

Signed:

Date: __ / __ / ____ (dd/mm/yyyy)

Part 3: Allied Health Professional - Clinical Report

A Clinical Report must be provided to support the grant application. Additional relevant documentation may be attached if required.

Please Note: If you require more space to provide your responses, please use the 'Additional Report Information' box on page 13. Alternatively, a separate Clinical Report that addresses the fields below can be attached.

1. Disability / Diagnosis (include date of onset):

2. Social Situation:

3. Mobility:

4. Functional difficulties relayed to the AT requested:

5. How is the AT essential to enable the individual to participate more independently in their home and/or community?

6. What AT options were considered, including the outcome of trials and why the preferred items is more suitable than other options considered?

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7. Is training in the use of the AT required? ☐ Yes ☐ No

If Yes, what is the agreed follow-up plan for training and who will complete this?

8. Why can't the equipment be accessed through CAEP?

9. Is there any other information relevant to consideration of this application?

Clinical Report Prepared By:

First Name:

Last Name:

Qualifications:

Position:

Work Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

Signed:

Date: ____ / ____ / ____ (dd/mm/yyyy)

When is the best time to contact you? Please indicate days of the week and times

Additional Report Information:

Part 4: Allied Health Professional - AT and Equipment Request Details

TWO quotes for the requested AT/equipment must accompany the application. In circumstances where only one quote is provided, rationale must be provided.

The supplier quotes must detail:

- The grant applicant's full name
- All relevant AT/equipment specifications as recommended by the prescribing allied health professional
- GST (where applicable)
- Delivery/freight charges (where applicable)

Quote 1

Reason for selection:

Item	Supplier	Cost ex. GST	GST	Total cost inc. GST
Delivery costs (if applicable)				
Total				

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Quote 2

Reason for selection:

Item	Supplier	Cost ex. GST	GST	Total cost inc. GST
Delivery costs (if applicable)				
Total				

Part 5: Grant Funding Requested - What is the Preferred Quote?

It is expected that the preferred quote will be for the lower price. Where the more expensive quote is preferred, a sound clinical rationale, pragmatic and/or ethical, must be provided to support this decision.

Preferred Quote Selection: ☐ Quote 1 ☐ Quote 2

Detail the Rationale of the Quote Selection:

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Grant request details:

What is the total cost of AT/equipment, excluding GST? A\$

What is the delivery/freight charge? A\$

Will the grant applicant be contributing to the cost of the AT/equipment? ☐ Yes ☐ No

If yes, what is the amount? A\$

Will another entity be contributing to the cost of the AT/equipment? ☐ Yes ☐ No

If yes, what is the name of the entity?

Who is the contact person for the entity? Please provide full name and contact details.

First Name:

Last Name:

Work Address:

Suburb:

State:

Postcode:

Contact Phone Number:

Email:

What amount is the entity contributing? A\$

What is the total grant amount being requested (including the cost of the AT/equipment and delivery/freight charges)? A\$

Is this an urgent funding request? ☐ Yes ☐ No

If yes, why?

End of CAEP Plus AT Grant Application Form

Additional Information if Required

Please use the space below to add any additional information. If it refers to a particular section and question, please state which and then continue with your added information.