

CAEP Plus Program

Thermoregulatory Dysfunction (TD) Grant



CAEP Plus TD Grant Application Form

The CAEP Plus TD Grant provides eligible individuals, who experience thermoregulatory dysfunction access to essential air conditioning to one area/room of their primary residence, to assist with controlling the temperature in their home.

Thermoregulatory Dysfunction (TD) is defined as significant loss of a person's capacity to control body temperature and is associated with medical conditions that result in the environmental person's health and bodily function being seriously affected when exposed to extremes of temperatures.

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 TD Grant, please contact a member of the CAEP Plus Grants Team.

Submitting Grant Applications

CAEP Plus TD 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, are legible, and are signed as required.

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 TD Grant' in the subject line of the email.

Postal Address:

CAEP Plus Grants

Therapy Focus

2 Neil Street, Osborne Park WA 6017

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Please complete all Parts of this Grant Application Form. If you are living in your own home, you do not have to complete the Tenant Request for Installation section - Part B of the grant funding. 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 Thermoregulatory Dysfunction (TD) 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 TD is purchased.
- I understand that once I have received the TD purchased with the CAEP Plus Grant Program funding, I will own and be responsible for any future costs associated with insurance, repairs and maintenance.

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

Out of Policy Type of Application

- | | |
|--|--|
| ☐ Client not CAEP eligible | ☐ MAC Client |
| ☐ Co-Contribution Exemption | ☐ NDIS Client |
| ☐ Financial Hardship | ☐ Equipment not on the CAEP Plus equipment list |
| ☐ Multiple AT categories | |

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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 3: 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

If yes, please list the category and equipment?

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CAEP Service Provider Contact Details:

First Name:	Last Name:	
Address:		
Suburb:	State:	Postcode:
Contact Phone Number:		
Email:		
CAEP Region:		
CAEP eligible?	Does the applicant have any equipment funded through CAEP?	
☐ Yes ☐ No	☐ Yes ☐ No	

Part 4: Allied Health Professional Details

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 5: 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 18. Alternatively, a separate Clinical Report that addresses the fields below can be attached.

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

2. Social Situation:

3. Clinical Rationale for Air Conditioning

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

Part 6: Confirmation of Thermoregulatory Dysfunction

Qualifying conditions

The grant applicant must meet at least two of these three qualifying conditions and be certified by a doctor or specialist who has been treating them for at least three months. A grant applicant who only meets one of the qualifying conditions is not eligible for the grant.

- A medical condition with an evidence-based association of deterioration in temperature neurodegenerative extremes. For example, severe cases of spinal cord injury, stroke, brain injury.
- Loss of skin integrity or loss of sweating capacity. For example, significant burns to greater than 20 per cent of body surface area, severe inflammatory skin conditions and some rare forms of disordered sweating.
- Objective reduction of autonomic regulation and physiological functioning at extremes disorders, multiple sclerosis and familial dysautonomia of environmental temperatures (excessive sweating, heart rate increase or change in blood pressure) resulting in dehydration, dizziness or fainting.

To be eligible for the CAEP Plus TD Grant the applicant will be required to provide confirmation of their condition by supplying one of the following documents:

- A medical report confirming your condition with rationale by a doctor or specialist who has been treating you for at least three months. The medical report should address the following information by your treating doctor:
 1. Name of the condition causing thermoregulatory dysfunction
 2. Date of onset
 3. Is the condition permanent? ☐ Yes ☐ No
 4. How do these conditions affect thermoregulation?
- Proof of eligibility for Thermoregulatory Dysfunction Energy Subsidy Scheme managed by the Department of Finance - RevenueWA. For further information about the subsidy. Visit wa.gov.au/government/publications/apply-the-thermoregulatory-dysfunction-energy-subsidy.

Part 7: Details of Air Conditioner and Installation Request

Does the Grant Applicant own and live in the Property requiring air conditioning installation? ☐ Yes ☐ No

If yes, they will need to complete the Property Owner consent and signed approval for the installation of air conditioning - 'Form A'.

If the Grant Applicant does not own the Property requiring air conditioning installation: Please select all that apply.

☐ Community/Public housing ☐ Private rental ☐ Strata managed

If they reside in a rental or strata managed property, they will need to provide a copy of the property owner/property manager's consent and signed approval for the installation of air conditioning - 'Form B'.

If yes, where?

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Is there currently air conditioning in any area of the house? ☐ Yes ☐ No

If yes, where?

Part 7: Details of Air Conditioner and Installation Proposal

Details of Air Conditioner make/model proposed for installation: (As detailed on the quotes)

What location/room in the house has been identified for the air conditioner to be installed in?

Are there any special considerations/requirements relating to the installation of the proposed air conditioner in the identified location? ☐ Yes ☐ No

If yes, provide details:

For split system air conditioning units, the condenser unit is generally positioned on an external wall. What external wall location has been identified for the condenser unit to be installed in?

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Are there any special considerations/requirements relating to the installation of the condenser unit in the identified location? ☐ Yes ☐ No

If yes, provide details:

Diagram/Plan

Please provide a diagram or plan/room where the air conditioner and external condenser unit will be installed. Show on the diagram/plan the placements of the units using the following key:

- A. Air conditioner will be installed
- B. External condenser unit will be installed

Part 8: Air Conditioner and Installation Quote 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 9: Grant Funding Request Details

Request to install air conditioning for rental or strata managed properties

The preferred quote is generally expected that the preferred quote will be for the lower price. Where the more expensive quote is preferred, a sound rationale, must be provided.

What is the total cost of air conditioner, excluding GST? A\$

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 installation? 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 air conditioner? ☐ 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?

Form A - 1 of 1

Owner Occupier - Installation of Air Conditioning Consent

As the owner and occupier of the property listed in this Grant application, I hereby give my consent for the chosen air conditioning to be fitted as specified in the quotations submitted by me, the Grant Applicant.

First Name:

Last Name:

Property Owner Signature:

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

Form B - 1 of 6

Owner Occupier - Installation of Air Conditioning Consent

The information below outlines the steps tenants of rental or strata managed properties need to take when applying for the CAEP Plus Thermoregulatory Dysfunction (TD) Grant.

1. Tenants applying for the CAEP Plus Thermoregulatory Dysfunction (TD) Grant, must have the Property Owner's written approval for the installation of an air conditioner, for their grant application to be considered.
2. A copy of the signed approval for air conditioning installation in Public Housing, Private Rentals or Strata Managed Properties must accompany the CAEP Plus TD Grant Application.
3. If you require a template form to use, please complete the 'Request to Install Air Conditioning for Rental or Strata Managed Properties Form' starting on page 15.
4. When you have completed the 'Request to Install Air Conditioning for Rental or Strata Managed Properties Form'; give the Request Letter and Form to your landlord, property manager or strata manager, you can submit your completed CAEP Plus TD Grant Application.

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To be Completed by the Tenant of the Property

As the owner and occupier of the property listed in this Grant application, I hereby give my consent for the chosen air conditioning to be fitted as specified in the quotations submitted by me, the Grant Applicant.

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other
If other, please specify:

First Name: Last Name:

Tenant Details:

Address:

Suburb: State: Postcode:

Contact Phone Number: Email:

Property Address:

Address:

Suburb: State: Postcode:

Tenant Declaration - What is the preferred quote?

- Approval must be granted by the property owner in writing prior to work commencing.
- You are responsible for all costs (e.g. applications, permits).
- All workers must be carried out by a qualified trades person and licensed contractor.
- A qualified trades person and licensed contractor must have Personal Liability Insurance, copy or details to be provided.
- If the work carried out is electrical, you must provide a Certificate or Electrical Safety after installation.
- If the work carried out is gas related, you must provide a Notice of Completion after installation.
- You are responsible for all maintenance and repairs relating to the air conditioner.
- Strata Company approval is required for all property improvements to strata titled properties.
- The property owner will not reimburse you for any property improvements/additions.
- You may be required to remove the air conditioner should this be agreed with the property owner, when your tenancy ends and are vacating the premises. If the air conditioner is not removed upon vacation, tenant liability will be charged.

First Name: Last Name:

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

Letter Requesting the Installation of Air Conditioning

To be given to the Property Owner or Strata Manager

Dear Property Owner / Strata Manager,

Your tenant is applying for a CAEP Plus Thermoregulatory Dysfunction (TD) Grant, which provides eligible persons, who experience thermoregulatory dysfunction, access to essential air conditioning to one area/room of their primary residence, to assist with controlling the temperature in their home.

Thermoregulatory dysfunction is defined as significant loss of a person's capacity to control body temperature and is associated with medical conditions that result in the person's health and bodily function being seriously affected when exposed to extremes of environmental temperatures.

To be eligible for the CAEP Plus TD Grant, approval for the installation of an air conditioner must be provided by the property owner. A signed copy of the Approval for the Installation of Air Conditioning in Public Housing, Private Rentals or Strata Managed Properties is required for grant applications to be considered.

Please find attached the 'Request to Install Air Conditioning in a Rental or Strata Property' for your consideration. If you, the Property Owner, approve the request, please provide your written consent and the end of this request letter.

For more information on the CAEP Plus TD Grant or if you would like to speak to a member of the CAEP Plus Grants Team, please see the contact information below.

Contact information

Website: therapyfocus.org.au

Phone: 1300 135 373

Email: assistivetech@therapyfocus.org.au

CAEP Plus Grants Team

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

Regards,
CAEP Plus Grants Team

Property Owner or Property/Strata Manager to Complete

Property Location Details:

Address:

Suburb:

State:

Postcode:

Property Owner Details:

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

If other, please specify:

First Name:

Last Name:

Contact Phone Number:

Email:

Property Manager Details:

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

If other, please specify:

First Name:

Last Name:

Contact Phone Number:

Email:

Tenancy Contract Details

How long has the tenant occupied the premise? ____/____ (yyyy/mm)

When will the tenancy contract renew or expire? ____/____/____ (dd/mm/yyyy)

Will the tenant be offered a renewed term of tenancy beyond this period? ☐ Yes ☐ No

Please provide details of the request that your tenant has made to you relating to the proposed installation of an air conditioner at the above property.

Property Owner Declaration

Considered the proposal:

Strata Company Approval: ☐ Yes ☐ Not Applicable

Installation of Air Conditioner is: ☐ Yes ☐ Not Approved

Reason:

I have received the Request to Install Air Conditioning in a Rental or Strata Property Letter and Conditions of the Approval of the Air Conditioning Installation: Please provide details of the relevant terms of agreement under the current tenancy contract that relate to 'Alterations and Additions to the Premises' below or attach a supporting document.

Property Owner

First Name: Last Name:

Property Owner Signature: Date: __ / __ / ____ (dd/mm/yyyy)

Property Manager (if applicable)

First Name: Last Name:

Property Manager Signature: Date: __ / __ / ____ (dd/mm/yyyy)

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.