



External Prescription Form

Community Aids and Equipment Program

Applicant details

Full name:

Date of birth:

Address:

Suburb

Postcode

Record in eCAEP

Program

CAEP

CoSA

CoSP/DSOA

Prescriber details

Full name:

Organisation:

Position Title:

Address:

Suburb

Postcode

Phone:

Email:

CAEP service provider details

CAEP Coordinator:

Organisation:

Phone:

Email:

Eligibility criteria

Please complete all sections.

Does the applicant hold any of the following cards?

Pensioner Concession Card

Yes No (If yes, please record the card number)

Health Care Card Number

Yes No (If yes, please record the card number)

Has the applicant had a hospital admission in the past 3 months? Yes No

Is the hospital admission related to this equipment prescription? Yes No

If yes, specify reason to apply to CAEP

Has the applicant received or applied for a compensation settlement? Yes No

If yes, specify reason to apply to CAEP

Is the applicant a holder of a White or Gold Veterans Affairs Card? Yes No

If yes, attach written documentation from the Department of Veteran Affairs that they are not entitled to the equipment.

Indicate the applicant's residential situation in the community.

Private residence Group home Public housing

State Government funded nursing home

Equipment details

CAEP item number and description:

Ceiling price:

Quoted cost:

GST:

Applicant/other contribution:

CAEP amount requested:

Less GST and contribution

Supplier details

Quote number:

TGA registration:

Delivery address

Address:

Suburb

Postcode

Alternative funding considered

Other funding options should be canvassed prior to CAEP application submission. Please provide details of funding options canvassed and include the outcomes.

Background

Dot points are acceptable: e.g. age, living condition, limitations/issues with the current equipment.

Assessment findings

Dot points are acceptable: e.g. current capacity and assessment outcomes.

Features required and functional outcomes

Dot points are acceptable: e.g. relate to assessment finding 1, XX features are required on the equipment to achieve YY (the functional outcomes).

Equipment options considered

Dot points are acceptable: e.g. availability of equipment or service if relevant.

Trial outcomes

Dot points are acceptable: e.g. option 1, trial timeline, outcome.

Handover/training required

Does the applicant/carer require additional training to use the equipment in a functional manner?
Specify the handover/training planned.

Final recommendation

Reason for recommended equipment and summary.

Please ensure you have completed all sections and attached any/all of the following

Clinical Rationale

Outcome of alternative funding canvassed

Relevant supporting information e.g. photos or diagrams

Quotes – please note: one quote is sufficient to be attached with the application for equipment. However, the service provider should obtain more than one quote for their process, where possible.

Home modifications applications must also have the following attached

Itemised written scope of works

Technical (CAD) drawings - before and after plans

Costing Sheet

Quotes – please note: evidence that you have pursued three quotes must be provided

Privacy and Consent Statement

Everyday Independence Pty Ltd collects personal information provided in this CAEP application, including contact details, relevant health and functional information, and supporting documentation, for the purpose of assessing eligibility, arranging equipment or services, coordinating care, and meeting legal, funding and administrative requirements. Some of the information collected may be sensitive information, including health information, and will only be collected, used and disclosed as reasonably necessary for these purposes and in accordance with applicable privacy laws. Your information may be shared with people or organisations involved in your care or the administration of the Community Aids and Equipment Program (CAEP), including referrers, treating professionals, service providers and relevant government or funding bodies, where required or authorised. By signing or submitting this application, you acknowledge that you have read and understood this statement and consent to Everyday Independence collecting, using, storing and disclosing your personal information for the purposes outlined above. You may request access to or correction of your personal information, or make a privacy complaint, by contacting Everyday Independence. Further information about how Everyday Independence manages personal information is available in its Privacy Policy.

Prescribers Signature

Please sign application:

Specifiers level:

Date:

Forward this form and supporting documents to CAEP Budget Holder.

Type of application

CAEP Budget Holder to complete:

Item above ceiling

Item not on imprest list

Item on imprest list

Client does not meet CAEP eligibility

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in alternative formats.

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